

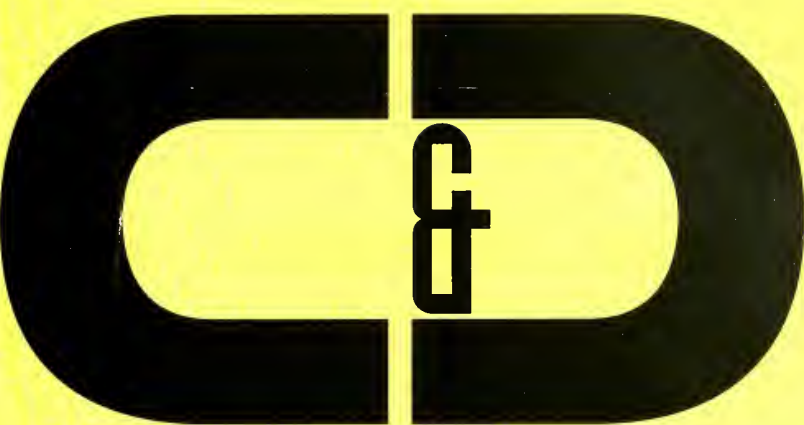


CMP

United Business Media

Chemist&Druggist

The Newsweekly for Pharmacy



20 September 2003

Night-life going nowhere?

Clinically proven night time sleep aid

Nytol
One-A-Night

Diphenhydramine Hydrochloride BP
16 EASY SWALLOW CAPLETS

Diphenhydramine Hydrochloride

Sleepability

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**BPC spotlight
on challenges
for pharmacy**

**Case put for
blood pressure
medicines OTC**

**Boots revamps
choice with
5,000 new lines**

**Patients, PCTs
and prescribing
at Harrogate**

BPC 2003



Giving the best advice about bedwetting



CAUSES AND SOLUTIONS

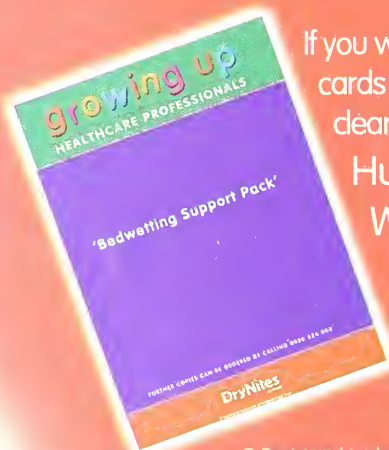
Bedwetting has a number of causes, but parents in the UK tend to cite the primary reason as sleeping habits (such as deep sleep or irregular sleeping patterns) and the secondary as medical or hereditary factors (bladder capacity or weak muscles)*.

There are a few physical-centered coping mechanisms such as the waking method, the enuresis alarm, the reward chart and a prescription drug. Furthermore a mechanic that balances the emotional wellbeing of the patient and the physical factor is pyjama pants. They help avoid the embarrassment associated with the problem and can be used in conjunction with the other methods outlined above or on their own.

* Omnibus survey commissioned by Kimberly-Clark October 2001

THE BENEFITS OF PYJAMA PANTS

- Discreet and protective, they take away the discomfort and embarrassment normally associated with wet sheets.
- Children are able to build up lost confidence and independence by wearing pyjama pants.
- They can control putting the pants on and removing them in contrast to the lack of control they feel over bedwetting.
- Bedwetting can feel like a never ending daily cycle but absorbent pants offer the chance to break the cycle and start again.
- Pyjama pants allow children a degree of normality in their everyday lives. e.g. whether they are staying over at friend's houses or going on school trips which would otherwise be difficult or potentially embarrassing.



If you would like to receive a DryNites Support Pack which includes patient leaflets, helpline cards and information that offers advice on bedwetting then please send a postcard clearly stating your name, address and telephone number and quote DN2003017 to:-

Huggies DryNites Support Pack C&D, KC Ltd., Freepost SEA 7216,
West Malling ME19 4BR.

Please state on the postcard if you do not wish to receive further information from Kimberly-Clark

DryNites
Pyjama Pants



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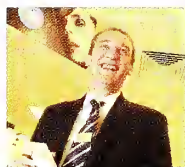
The Department of Health has pledged £1 million to encourage the training of pharmacy support staff

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A specialist on hypertension, Prof Graham MacGregor has said that pharmacists should be able to supply antihypertensives without prescription

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Tesco is taking £1 in every £8 the British consumer spends, with sales up 14.2 per cent, citing a strong performance in prescription medicines, and healthcare and beauty products

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Richard Baker (left), the new Boots chief executive, has officially joined the company as it announces that it is expanding the number of lines in its stores by 5,000

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Dr Manish Kothari reports on a condition which, if treated early, has over a 90 per cent five-year survival rate



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Hawksworth gives clear message to minister

The 'balanced package of measures' the Government has put forward in response to the OFT report is not as balanced as it might have been, RPSGB president Gill Hawksworth told health minister Rosie Winterton at the BPC on Wednesday.

"The consultation document does not provide the reassurance [the Society] seeks that universal access to pharmacy would not be damaged by the proposals as set out," she said. The RPSGB has an interest in ensuring the public has access to safe and effective services, and it is concerned that people in less commercially attractive areas may no longer

have access to a pharmacy.

This was one of a number of clear messages to the Government on community pharmacy issues, indicating the RPSGB may be taking a more public position in supporting the interests of the largest section of its membership.

While welcoming the latest DoH update on its plans for pharmacy – *A Vision for Pharmacy in a New NHS* – the president called on the Government to underpin its intentions with "tangible motivation and support".

"Pharmacists cannot provide the enhanced services without sufficient supporting resources to do so. Over the last 10 years the volume of NHS dispensing has risen by 40 per cent. The same number of pharmacists are coping with a hugely increased workload even before engaging with the new agenda," she said. "Those who commission local health services must be in a position to compensate pharmacists and their staff for their time, or we cannot make progress."

Pharmaceutical advisers and pharmacists on PCT professional executive committees have a key role in supporting the Government agenda, but there are only PEC pharmacists in about half the PCTs in England. The Society wants to see them in all PCTs, said Dr Hawksworth, adding that the situation was much happier in Wales and Scotland.

She called for training and



Chris North Photography

support for pharmaceutical advisers. Despite reassurances in the past, very few pharmacists have had access to the training provided by the NHS Leadership Centre.

The president attacked the image problem that community pharmacies, as private sector businesses, have within the NHS. "It has been allowed to colour thinking in a way that is not helpful to what we want to achieve. In community pharmacy the public benefits from a very successful public-private partnership where often the commercial element subsidises the professional service," said the president.

Pharmacists are poised to take up the challenge of delivering innovative services but there is still no clarity on how community pharmacy is to be integrated into the crucial new IT programmes

the NHS is investing in, said Dr Hawksworth. It is essential that community pharmacists are able to access patients' integrated care records.

She looked forward to the confirmation of recent signals that community pharmacies in England are to be connected to the NHSnet, which has already been given the green light in Scotland. The connection will greatly enhance communication between primary and secondary care.

The president welcomed moves in the *Vision* document to develop a framework for independent prescribing by pharmacists, but warned: "We cannot afford to lose the momentum for change ... there must be rapid progress."

The Society has accredited training courses for supplementary prescribing pharmacists at eight universities, she said, and the courses are currently coming on-stream.

The hospital service has led the way in expanding the roles of pharmacy support staff, and the Society intends to progress the debate about supervision in community pharmacies. "We are committed to developing proposals to regulate pharmacy technicians. We are taking this work one step further to implement a minimum training requirement standard for dispensing assistants," said Dr Hawksworth.

Still on workforce issues, she said: "A key issue that is emerging across all sectors is the need to invest in sufficient pre-registration places to ensure we can bring new pharmacists into practice."

Mind your own business

Published with this week's *C&D* is a new book, *Mind Your Own Business*, which collects together and expands on the series of articles which have run in *C&D* over the past year.

Written by Dr Terry Maguire, a practising community pharmacist, the book covers 10 subject areas which provide anyone involved in running a pharmacy business with advice on management techniques and style, as well as practical tips.

AAH

VANTAGE pharmacy

The book is sponsored by AAH Pharmaceuticals and Vantage Pharmacy, and is accredited by the College of Pharmacy Practice. *C&D* will be offering a CPD registration service for pharmacists wanting to use the book to help their own continuing professional development.

Extra copies are £12.99. More information is available from Mary Prebble on 01732 377269 or chemdrug@cpdunformation.com

RPSGB president Gill Hawksworth has called on the Government to support its proposals for a Section 60 Order to allow the Society to exercise powers as a regulator in the future.

"We believe the proposals will allow us to exercise wide ranging responsibilities within a framework that is transparent, accountable and that has an appropriate level of public involvement," she told health minister Rosie Winterton.

The Society has spent two years and a great deal of effort

bringing its governance framework up to date, she said. "We intend to be a world class regulatory and professional body – supporting the profession and protecting the public."

The Society has been promoting awareness among pharmacists of how the concept of 'regulation' is changing, she said. "It is more than just discipline – it's about managing a host of standards and processes that support education, registration and competence of professionals right through their careers."

£1m for technician training



Chris North Photography

The Department of Health is to make an additional £1 million available to pharmacy contractors to support the training of pharmacy technicians and assistants.

Health minister Rosie Winterton told the British Pharmaceutical Conference in Harrogate on Wednesday that these training costs would be met in the proposed new contract, but the £1m would be an initial contribution.

She said that training and defining competence and appropriate qualifications would be fundamental to the Government's proposals to enable some pharmacy technicians to supply medicines without a pharmacist's direct supervision. But she assured her audience that a pharmacist would still always be legally and professionally accountable for the activities in each pharmacy. Proposals will be launched early next year for consultation.

The minister went on to say her officials would also open discussions early next year – with the professions, NHS and patient groups – on a framework for independent prescribing for pharmacists. She was pleased to see that over 100 pharmacists from all sectors have enrolled on the training programmes for supplementary prescribing.

On proposals for consultant pharmacist posts, she said the focus would initially be on hospital pharmacists, but there was a need to think how these roles could support care

throughout the patient journey, with consultant pharmacists working in primary care as well as in secondary care and public health.

She wanted to see much greater use made of community pharmacies as a public health resource, building on the excellent work already done on smoking cessation, reducing obesity, and sexual health.

"We will actively explore opportunities to develop and enhance their contribution to health improvement, particularly in disadvantaged and vulnerable groups," Ms Winterton said. This role would be reflected in the new contract, and a coherent framework for pharmacy would be fully integrated within the

BPC 2003

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Government's overall strategy for improving public health.

The minister said little further on partial deregulation, other than to say that she was taking on board the arguments – "including those we are hearing, put powerfully and well, from pharmacy organisations. And we will do nothing to jeopardise the vital role of pharmacies in the community."

She was "delighted" with progress so far on the new

contract and the broad agreement reached on a new framework.

"There is still much to do on the detail, but I look forward to the conclusion of negotiations and start of implementation next year."

Finally she gave assurance that the Government remained strongly committed to building a strong IT infrastructure for pharmacy. "We want community pharmacists to have routine access to the internet and e-mail," she said. Where possible, and subject to patient consent, pharmacists could have access to relevant parts of patient records. They should also be able to record their interventions, such as supplementary prescribing.

Discussions have already started with key stakeholders on the sharing of relevant patient information with community pharmacists and a consultation document will follow shortly.

The minister also announced:

- the opening of applications for the second wave of 40 repeat dispensing pathfinder sites
- the fourth wave of 40 sites in the collaborative medicines management programme, managed by the National Prescribing Centre in Liverpool
- a revised medicines management framework for hospitals
- a collaborative programme, initially involving 10 sites, building on the successful collaborative programme in primary care
- the publication of independent evaluation of ETP.

Scott hints on new Scottish contract

A strong hint that the NHS in Scotland may in future contract with individual pharmacists to provide services was given by its chief pharmacist, Bill Scott, on Tuesday at the BPC.

"Because Scotland has rejected the OFT report you should not read into it that we are accepting the status quo. Anyone can register a pharmacy premises. We want to strengthen the role of the pharmacist practitioner in those premises," said Mr Scott. He was speaking at a question and answer session where the three chief pharmacists from England, Wales and Scotland were on the panel.

It is also clear that contractors in Scotland and Wales will be affected by the outcome of the OFT report into pharmacy services.

Carwen Wynne Howells, the chief pharmaceutical adviser in Wales, warned that although the Welsh health minister was unequivocal in her views on the OFT report, "quite obviously we have to be mindful of the response in England. There are a number of companies also operating services in England and it could have a knock-on effect in Wales."

"It is still our intent to undertake a complete review of community pharmacy services, but that will be done in line with Welsh strategy, but we have to be aware there will be fall-out."

The 'balanced package of measures' put forward by the DoH in response to the OFT report was anything but that, PSNC member Wally Dove told England's chief pharmacist Dr Jim Smith. "We are now looking at the worst of both worlds. It would have been better to go for complete deregulation. We are heading for an absolute cock-up," said Mr Dove.

Dr Smith accepted policy was likely to diverge among the home nations over control of entry, and denied a situation was being created where there would be a free-for-all. Choice and competition were new criteria to be brought in alongside necessary and desirable, the number of out-of-town centres was a "tightly circumscribed list". It was a perfectly reasonable package, he said.

GSK's PharmAssist Programme – helping your staff stay up to date



GSK's PharmAssist programme has boosted Stuart Moul Pharmacies' staff's confidence in recommending 'P' lines, and providing healthcare advice.

GSK's SmithKline Consumer Healthcare's PharmAssist training events are an established part of the pharmacy calendar. Targeting independent pharmacy staff at all levels, the programme is based on three Tiers of Modules accredited by the College of Pharmacy Practice, covering conditions and products, plus retailing and management skills. Jonathan Campbell, Business Development Manager of the Stuart Moul Pharmacy in St Annes, Bristol and three others in the group, talks about how PharmAssist has built his staff's confidence in giving advice about medicines, and helped them provide a stronger OTC offering.

Q: Jonathan, tell us about the Stuart Moul Pharmacy in St Annes.

A: It's a main town community pharmacy, operating a large health centre, for an all-round service.

Q: What are your most important non-NHS product categories?

A: All the main 'P' and GSL products do well here. We also sell a lot of analgesics and so on.

Q: Have you been on GSK's PharmAssist programme?

A: Yes, I've just finished it for the whole group. I enjoyed that a lot.

Q: How does the level and quality of training differ from that offered by other companies?

A: There are very few other programmes like this but they're part of my role as Pharmacy Development Manager to ensure our staff have a structured training programme. We usually have three PharmAssist evenings a year, each covering a different module.

Q: Who takes part?

A: All the staff that improves their communication skills and clinical knowledge, thereby increasing their confidence. Our pharmacists come to the sessions as well, and as well as increasing their own knowledge they play a role in helping with the training.

Q: How do the sessions work?

A: First there's a presentation on the group, telling about our aims and then we will then on the modules we've put in the presentation, as a group we do interactive methods of learning.

Q: What subjects have been covered so far?

A: Over the years, the first two modules have been covered and are on OTCs, Sensation, Spinal, Heartburn, a 6th edition on Oral Health, Cough & Flu, Pain, Skin and Sore, and Sore. The next two remaining modules have been covered, they are Medical Disinfection and Addressing Customers, and the programme develops GSK's new medicines. The next two we've got the new way of looking at technology, the World of New Infections from M.

Q: How do you pitch the learning experience to your staff?

A: PharmAssist is a social learning experience, during which they can interact with other staff in the group, while learning about products and conditions. There's a hot and cold buffet on arrival and after the training evening.

Q: How many of your staff are on the PharmAssist programme at the moment?

A: All seven of my staff are at St Annes and on week 1 they've been going to for the past three weeks. Coming two or three modules a year.

Q: Have any of your staff completed all three years?

A: One of my staff has completed all three years and managers. So yes, that's something we're looking at to make sure it happens.

Q: What level of staff are most likely to benefit from the PharmAssist programme?

A: All of them, but I've developed a recommendation to giving in-house courses. Now that do the 11 with many step and Step 2 course as the first time that the staff then the NPA interaction course, and they're all willing to the PharmAssist training.

Q: Has PharmAssist affected your staff's recommendation to customers?

A: We've found that our staff have the advice and knowledge in the past they've recommended. Because they had a common name. Now PharmAssist has introduced the common name to improve recommendation of medicines.



Telemarketing



PharmAssist Training Programme

Q: How is PharmAssist contributing to your pharmacy's performance?

A: The PharmAssist programme has helped stabilise the situation since the abolition of RPM. The staff's advice is making a difference – they're providing better guidance about 'P' lines, customers are buying them, and profits aren't leaking out as they might have done. Our sales of OTC medicines have seen a gradual upweighting to 'P' over time.

Q: Would you recommend PharmAssist to other pharmacies?

A: Yes, definitely. PharmAssist has helped us develop our staff training and create a training structure. If you haven't got a training structure, PharmAssist is a good starting point.

Q: Has PharmAssist affected your relationship with your Territory Business Manager?

A: It's consolidated it. Andy Spurgeon, our TBM, helps me plan our involvement in the PharmAssist sessions, and introduces me on the modules and organises the venue. He's also there at the evenings. He helps out during the sessions so it's a good opportunity to get to know him.

Q: Finally, do you see PharmAssist embodying a long-term commitment to education by GSK?

A: Yes, and I'm impressed with it! It's been there for the last three years, offering a reliable, high quality package that evolves to meet our changing needs.

GSK's Territory Business Managers work with their Area teams to invite pharmacies to take part in GSK's PharmAssist training events. To find out about PharmAssist events in your area, call 0844 762 6637.



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Hypertension medicines should be OTC, says prof

by Fiona Salvage

fsalvage@cmpinformation.com

Drugs for treating high blood pressure should be available over the counter in pharmacies, the chairman of the Blood Pressure Association said last week.

This would help pharmacists play a pivotal role in reducing the country's massive hypertension problem, said Professor Graham MacGregor.

Professor MacGregor said that hypertension in the UK is a seriously under-treated condition and that pharmacists could play a major role in assisting GPs and practice nurses in identifying patients with high blood pressure and recommending them for

further treatment. OTC hypertension medicines would be hugely beneficial in this process too, with no need to visit the GP.

Professor MacGregor also threw down the gauntlet to the pharmaceutical industry, saying that polypharmacy in hypertension causes a lot of compliance problems and companies need to develop a once-a-day pill that will contain all of the patient's hypertension medications in an effort to combat the compliance problem.

Professor MacGregor's comments came just before the British Blood Pressure Association's National Blood Pressure Testing Week began, from September 15-21.

Lloydspharmacy, Asda, Numark and Moss Pharmacy are all involved in the campaign, which measured 100,000 people's blood pressure last year.

Lloydspharmacy and Moss are offering free blood pressure tests to customers.

Numark has launched an initiative to encourage pharmacists to offer blood pressure testing as part of their services. Training videos and brochures are available for pharmacy staff, as well as a freephone helpline (0800 616140 ext. 121).

For more information:

www.bpassoc.org.uk

E-mail: droberts@sghms.ac.uk

Tel: 020 8772 4992.

Child packs laws coming

Regulations bringing in child-resistant packaging for products containing aspirin, paracetamol or more than 24mg elemental iron, as well as defining the colouring of solid dose aspirin and paracetamol as white, will come into force on October 1.

The new rules, *The Medicines (Child Safety) Regulations 2003*, specify that medicinal products of this type will have to be packaged in British Standard-compliant, child-resistant packaging, unless the patient specifically requests otherwise, or if the product is supplied on prescription and it is not possible to dispense the product in the correct packaging.

The new regulations, *SI2003: 2317*, were put before Parliament on September 10.

For more information:

<http://www.hmso.gov.uk/si/si2003/20032317.htm>

Ronnie McMullan Trust Fund award

The Pharmaceutical Society of Northern Ireland was well represented at BPC. Two of the delegation were the first recipients of the Ronnie McMullan Trust Fund award.

The late Mr McMullan, a former president and treasurer of PSNI, was a regular attendee at conferences and BPC in particular where he had many friends. In honour of his contribution to pharmacy, donations collected after his sudden death in October 2000 have been put towards funding a visit to BPC for the most outstanding pre-registration student in the annual PSNI registration exam.

Visits to BPC will be made every two years by the award winners. Pharmacists, all pictured on the first day of BPC outside the Harrogate Conference Centre, are, from the left: PSNI chief executive and secretary Sheila Maltby, award winner Anne Marie McPeake, Digby Emson, superintendent pharmacist of BPC sponsor Boots, award winner Lyn McGartland, PSNI vice-president Dr Kate McClelland and PSNI president Sheila Hillan.



Return forms promptly

Scottish pharmacists are placing patients at risk of prosecution for fraud if they do not promptly return sold prepayment certificates, the Scottish prescription pricing authority has warned.

Scotland's Practitioner Services Division says some contractors are not returning sold certificates for several months, which leads to problems if an investigated patient claims to have a certificate but the PSD has no record of it.

Questiontime

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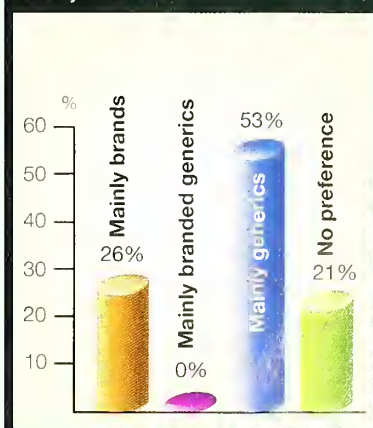
Last week we asked you: In light of the Consumers' Association's latest report, what is your preference for OTC medicines? You replied (see right):

This week's question: What is the most pressing workforce recruitment and retention issue pharmacy needs to address?

- Increase student numbers
- More flexible working
- More pre-registration places
- Empower dispensary staff
- Career progression for women

You can record your vote on our website: www.dotpharmacy.com. You have until noon on September 23 to cast your vote. We will publish the results in *C&D*, September 27.

What you told us



Contract update

PSNC's weekly update on the new pharmacy contract.

The provision of enhanced services will require some form of accreditation, most likely a requirement for training and the provision of appropriate facilities, eg a consultation area. There will be a gradual transition to contractors providing these services. Two services are currently being discussed as possible enhanced services.

Medicines Use Review:

- pharmacist undertakes medicines use review to meet the requirements of the *Older People's NSF* which states that this is a requirement for patients over 75
- this is face to face with patient
- a concordance centred review, which assesses patients' problems with current medication and its administration
- patients' knowledge of medication regimen is assessed and developed
- report fed back to patients' GP
- patients' knowledge of their medication is increased
- patients' medication problems are identified and addressed
- teamwork with other primary care workers is developed.

Prescription Intervention Service:

There are many examples of the success of these services across the country. The service would involve:

- pharmacists highlighting problems with prescriptions, or improvements to therapy
- interventions may include dose optimisation, suggestions for therapeutic substitutions based on local protocols, recommendation on changes to help with patient concordance, etc
- the pharmacist would feed back suggestions and comments to the prescriber using standardised paperwork or electronically at some point in the future
- the scheme will improve the quality of prescribing and hence patient care
- the scheme will also help develop links between community pharmacy and GPs.

For further information please visit www.psnc.org.uk/contract

Statutory Committee could toughen under watchdog

by Ailsa Colquhoun

acolquhoun@cmpinformation.com

Legal experts are voicing concern that the RPSGB's disciplinary machine could get tougher in light of the new regulators' watchdog, the Council for the Regulation of Healthcare Professionals.

The CRHP, which was established in April to strengthen the regulation of healthcare professionals in the UK, has powers to refer decisions of some regulatory bodies to the High Court in England or equivalent courts elsewhere in the UK. The RPSGB is included among the nine regulators it oversees.

David Reissner, from specialist solicitor Charles Russell, believes that the Royal Pharmaceutical Society is already keen to be seen as proactively tough to avoid its regulatory powers being taken away. "Frankly, there are very few people who think that Statutory Committee is too lenient as it is. But if the Statutory Committee is



David Reissner: "Perhaps a more potent deterrent"

aware that there is a body with supervening powers, there is a danger that it could subconsciously become tougher than ever," he said.

The CRHP is consulting until December 15 on the procedure it will use for referring another regulator's 'relevant' decision, or one that is made by a fitness to

practise committee on a practitioner's conduct or performance. This may be necessary if the CRHP feels that a regulator has been too lenient.

CRHP chairman Jane Wesson believes only a handful of very serious cases will be referred each year.

Mr Reissner agrees that very few cases will probably be referred to the CRHP. He said: "Pharmacy currently has a creaking regulatory system that struggles without adequate processes and arcane systems of discipline. Perhaps everyone could benefit if it was taken away from the Society and an outside body stepped in with a modern, independent disciplinary system."

"The only danger then would be that the question of leniency will be considered by people who are not familiar with standards of pharmacy practice."

For more information: www.crhp.org.uk

RPSGB inspectors' powers clarified

New Home Office regulations underlining the right of Royal Pharmaceutical Society inspectors to carry out direct surveillance but not run informants or agents have been laid before Parliament.

The order for the regulations, the *Regulation of Investigatory Powers Act 2000 (RIPA)*, was laid on September 12. Although primarily concerned with regulating phone and internet records, *RIPA* also covers the use of covert human intelligence sources (informants and undercover officers) by a range of public authorities.

The order laid for this part of *RIPA*, part 2, sets out which public authority personnel can authorise these activities and, for the first time, restricts the purposes for which they can be authorised.

The new order also:

- restricts the type of information public authorities are granted access to
- only allows senior designated people within public bodies to authorise access
- ensures regular checks on public bodies by an independent commissioner to

ensure access is not abused.

Stephen Lutener, the RPSGB's head of professional conduct, said that the new order will have very little impact on the Society's inspectors, who will still be able to carry out "low level" covert surveillance.

He added, though, that in the few years that the RPSGB has been able to authorise covert surveillance, it has used it no more than half a dozen times.

For more information: http://www.homeoffice.gov.uk/in_story.asp?item_id=602

Know your medicines

It's important to know what you're taking. This booklet explains how to use your medicines safely and effectively. It covers the most common types of medicines, including tablets, capsules, liquids, and injections. It also gives advice on how to store your medicines and what to do if you forget to take a dose.

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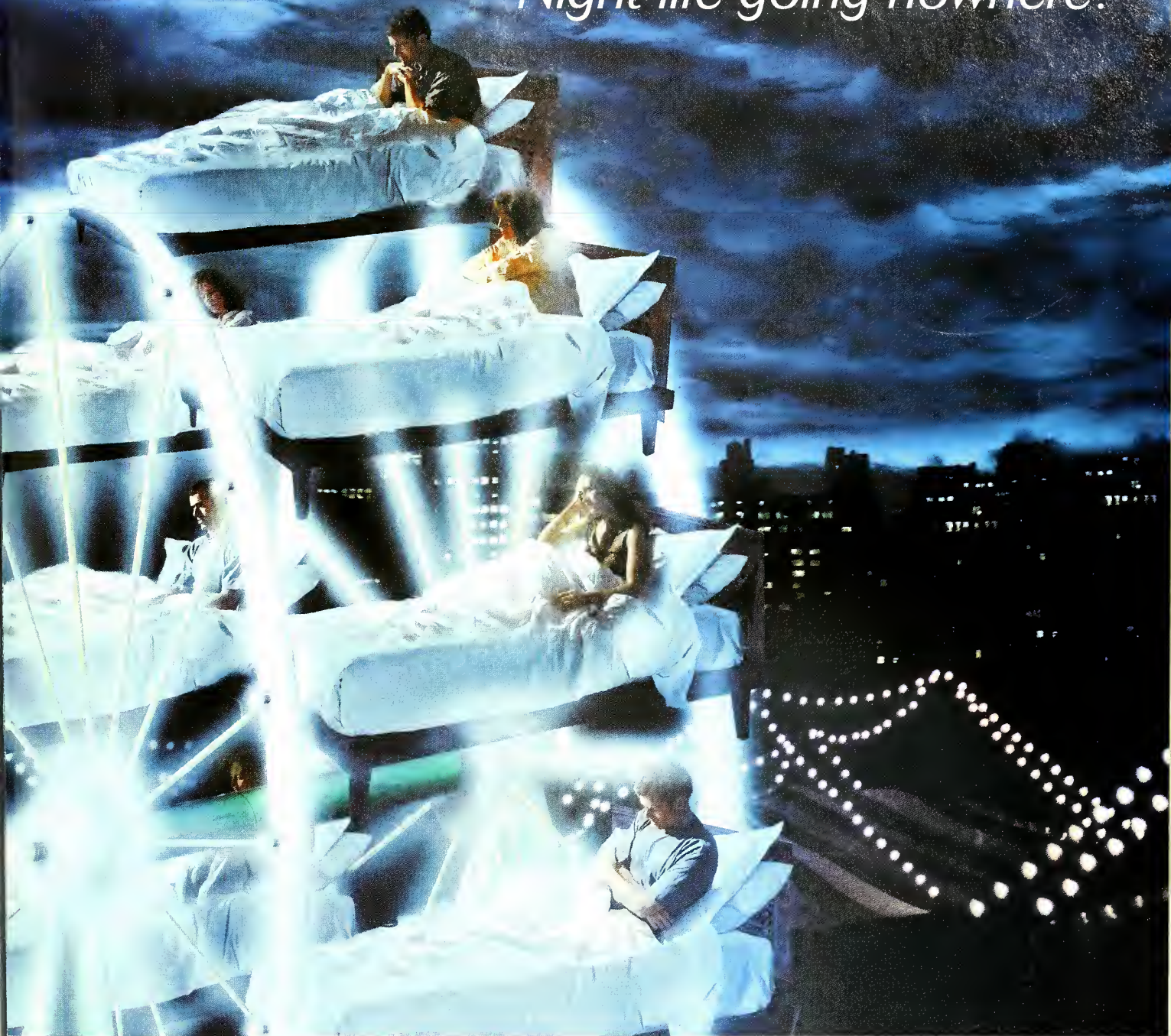
Know your medicines

It's important to know what you're taking. This booklet explains how to use your medicines safely and effectively. It covers the most common types of medicines, including tablets, capsules, liquids, and injections. It also gives advice on how to store your medicines and what to do if you forget to take a dose.

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Night-life going nowhere?



Lying in bed, your whole day going round and round in your head. We've all experienced the frustration of occasional sleepless nights and how out of control they leave us feeling. Many people, however, continue to suffer rather than ask for help, because of a wariness of being 'knocked out'.

Talk to these people about Nytol, the biggest selling sleep enabler in pharmacy.¹ Nytol helps restore natural sleep cycles so your customers can wake bright, refreshed and back in control.

Sleeplessness is a tough ride. You can help bring their suffering to a stop.



Diphenhydramine Hydrochloride
Sleepability

Product Information. Presentation: Nytol: White uncoated oblong caplets imprinted with an "N", each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White coated oblong caplets imprinted with "N50", each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concomitant use with alcohol, other hypnotics, sedatives,

tranquillizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported rarely to cause thrombocytopenia. **Legal category:** P. **Product licence number:** Nytol: 00036/0050. Nytol One-A-Night: 00036/0069. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Package quantity and RSP:** Nytol: £2.75 for 16 caplets. Nytol One-A-Night: £4.15 for 16 caplets. **Date of last revision:** January 2002. Nytol is a registered trademark of the GlaxoSmithKline Group of Companies. **Reference:** 1. IRI data MAT July 2003



You nev

Aedes aegypti: one of the species of mosquito known to carry the yellow fever virus. Yellow fever is characterised by fever, muscle pain, headache, shivers, loss of appetite and nausea. Often, high fever is paradoxically associated with a slow pulse. 15% of patients enter a 'toxic phase' within 24 hours. The patient rapidly develops jaundice and complains of abdominal pain with vomiting. Bleeding can occur from the mouth, nose, eyes and/or stomach. Kidney function deteriorates, sometimes resulting in complete kidney failure with anuria. Half of the patients in the toxic phase die within 10-14 days.²

(1) National statistics 2001 edition. (2) World Health Organization www.who.int/en/ Date of Preparation 04/03 2812

ABRIDGED PRESCRIBING INFORMATION

STAMARIL® (Yellow Fever Vaccine (Live) Ph. Eur.)

Refer to summary of product characteristics for full product information before prescribing.

Active ingredients: Injectable, freeze-dried suspension in stabiliser of the 17D strain of live yellow fever virus, ≥ 1000 mouse LD₅₀ units.

Indication: Prevention of yellow fever in adults and children aged ≥ 9 months.

Dosage and administration: After reconstitution of the freeze dried vaccine with the diluent, a single 0.5 millilitre dose should be given by deep subcutaneous injection. The schedule is the same for both adults and children. Revaccination is recommended every 10 years for patients at risk of infection.

Contraindications: The usual contraindications for live virus vaccines should be observed: current treatment, or treatment within the previous 6 months, for malignant disease; chemotherapy or generalised radiotherapy; previous organ transplant and/or immunosuppressive treatment; bone marrow transplant within the previous 6 months; even impaired cell mediated immunity; fever or acute disease; known hypersensitivity to a yellow fever vaccine, or any of its components; previous anaphylactic reaction to egg; HIV seropositivity; malignancy which may result in impaired immunological mechanisms. Infants under the age of 9 months should only be immunised if the risk of infection is unavoidable, due to a very serious disease such as encephalitis. Vaccination in pregnancy carries the theoretical risk of foetal infection but is considered where the benefit outweighs the risk.

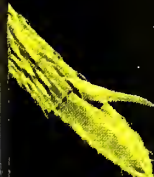
Warnings and precautions: Not for intravenous or intradermal (except for talar



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on freephone 0800 085 5511.



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Vaccines for Life



Yellow Fever Vaccine (Live) Ph. Eur.



Inactivated Hepatitis A Vaccine



Combined purified Vi polysaccharide typhoid
and inactivated hepatitis A vaccine



Vi Capsular Polysaccharide Typhoid Vaccine



Hepatitis A Vaccine, Purified Inactivated,
for Paediatrics and Adolescents



Human Diploid Cell Rabies Vaccine



Meningococcal Polysaccharide Vaccine BP



Absorbed Diphtheria and Tetanus Vaccine
for Adults and Adolescents BP

Injection. Facilities for the management of anaphylaxis should always be available during vaccination. A tolerance test is indicated where there is a suspicion, but no evidence of true allergy to a vaccine component. If other live virus vaccines are required, they should either be given at different sites at the same time or with an interval of 3 weeks between them. Immunoglobulin may be given, at a different site, at the same time. Yellow fever vaccine should only be given to elderly and debilitated patients if it is considered that there is a notable risk of yellow fever infection during travel.

Undesirable effects: Injection site reactions; systemic reactions such as fever, headache, myalgia, asthenia, rash, urticaria and lymphadenopathy; stiffness with fever, tiredness and headaches may occur 4 to 7 days after vaccination; very rarely, neurological disorders such as meningitis, encephalitis or meningoencephalitis; anaphylactoid reactions have occurred very rarely. Very rare cases of yellow fever-like illness have been reported, some of which have been fatal.

Package quantities and basic NHS cost: Single pack containing vial of lyophilised powder with 0.5 millilitre syringe of diluent, basic NHS cost £23.00

Marketing authorisation holder: UK - Aventis Pasteur MSD Limited, Mallards Reach, Bridge Avenue, Maidenhead, Berkshire SL6 1QP; Ireland - Aventis Pasteur MSD Limited, Belgard Road, Tallaght, Dublin 24.

Marketing authorisation number: UK - PL6745/0087 (lyophilised vaccine), PL6745/0088 (diluent); Ireland - PA 544/31/1

Legal category: POM

¹Registered trademark

RA358/0703. Date of last review: June 2003

Tesco results storm ahead of rivals

by **Sasa Janković**

sjankovic@cmpinformation.com

Supermarket giant Tesco has released its interim results showing a leap in UK sales of 14.2 per cent to £12 billion (2002 - £10.5bn), surpassing its rivals Sainsbury and Asda, putting it well on course to make £1.7bn profit this year.

It is its focus on non-food

products, such as prescription medicines, CDs and clothing, to which the group attributes its strong growth, reminding investors that 10 years ago it was one of the least well performing supermarkets. Chief executive Terry Leahy said: "We only have 5 per cent of the non-food market. There's a lot left to go for."

Mr Leahy claims that Tesco

now accounts for £1 out of every £8 spent in British shops, and says it has outstripped Boots and Superdrug combined on volume of medicines and toiletries sold.

He said: "It has been an outstanding first half. Customers have told us what they want and we have been doing a better job for them right across the group."

Tesco is also an interested party if supermarket rival Safeway is

approved for sale by Patricia Hewitt, although analysts say only Wm Morrison may be cleared to buy it. Mr Leahy said: "We await the decision of the Secretary of State on Safeway. No matter what the outcome, we will remain focused on delivering the best for customers."

For more information:

www.tesco.com

SSL ends takeover talks

SSL International has terminated discussions with an unknown bidder for the group – thought to be Reckitt Benckiser – after a delay in receiving a formal offer.

SSL announced it was in preliminary disposal talks in July, when Boots, Ansell and Reckitt were all reported as interested, but says it will now continue to build on the brands that make up its consumer business and grow their sales, develop new products

and cut costs to meet and beat industry benchmarks.

Chairman Ian Martin said: "In the absence of any formal proposal to the Board we have terminated discussions. To prolong uncertainty any further is not in shareholders' interests."

"During this period of discussions we have continued to build the business, including developing and launching successful new products. I am

pleased our medical disposal programme is proceeding on course and will enable us to focus single-mindedly on exploiting the promise of our consumer business."

Finance director Gary Watts confirmed that although the company is no longer up for sale it would be going ahead with the disposal of its medical division by the end of the year.



Pictured here: (left) Dr. BPC and community pharmacist Elizabeth Hopster and her daughter, Yvonne. Mrs. Hopster, who runs a pharmacy business in north-west London, is one of the most independent pharmacists in the BPC regularly. Her daughter is a pharmacist at Sandoz.

INDUSTRY

Lagap is now Sandoz

Lagap Pharmaceuticals is the latest company to join fellow Novartis generics stablemates under the Sandoz name.

Vienna-based Sandoz develops, manufactures and sells off-patent and patent-free pharmaceuticals.

Sandoz, established in Basel in 1886, was a pharmaceutical market player until its merger with Ciba-Geigy in 1996 to form Novartis.

INDUSTRY

Acambis CEO steps down

Dr John Brown has stepped down as chief executive officer of UK biotech firm Acambis, after nearly seven years in the position.

In a statement he said he "believes it is an appropriate time

for a new chief executive to continue the company's growth".

Dr Brown will continue to head up the company while his successor is sought.



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PPL set to wind itself up

Biotech firm and cloning pioneer PPL Therapeutics is to wind itself up or seek a sale after abandoning plans to develop a surgical glue.

Chief executive Geoff Cook

and four other directors have stepped down.

Analysts doubt whether a buyer will be found and KPMG has been appointed to assist with the sale.

MULTIMEDIA

Boots boosts product lines

by **Sasa Janković**

sjankovic@cmpinformation.com

Boots has added 5,000 new products in all categories across its health and beauty ranges in store as part of its 'Say Something New About Yourself' campaign.

Its larger stores will now carry up to 30,000 individual lines in store at any one time, and no products have been discontinued.

The group updates its product ranges every six months and these latest offerings will be fully rolled out by November.

Colin Webb, director of retail marketing, said: "We are proud to be the number one destination for health and beauty in the UK and this campaign will boldly say so. We have thousands of new lines, many exclusive to Boots, and we know that new products are highly motivating to both frequent and infrequent customers alike."

Boots is also introducing an instant loyalty card to complement its Advantage Card loyalty scheme. Customers can detach a card from the application form and start

collecting points immediately.

"The Advantage Card scheme is incredibly popular, with one in every two women in the UK having a card," said Mr Webb.

"It cements and builds the relationship with our customers and the instant card will make it easier for people to join.

"This will be especially important to enable more of our customers to take advantage of our Christmas offers, while also being able to enjoy the benefits of the simplest and most generous loyalty scheme in the UK."

Baker joins Boots



Richard Baker has officially taken up his position on the board of Boots Group as chief executive, joined by Sir Nigel Rudd as chairman.

John McGrath stands down as chairman and acting chief executive, and retires from the board.

Guy Dawson also joins the board as a non executive director, and as chairman of the board audit committee.

ENGLAND

Oxford diabetes centre offers cure hope

Professor David Matthews, chairman of The Oxford Centre for Diabetes, Endocrinology and Metabolism, has officially opened the £12 million centre, promising: "We will have a cure for diabetes by 2015."

John Bell, Regius Professor of Medicine at Oxford and chairman of the partnership board which leads OCDEM, said: "We have created an unusual partnership at OCDEM between a world-renowned university, the largest national healthcare system in the world and the leaders in diabetes care from private industry. The University of Oxford, the Oxford Radcliffe Hospitals NHS Trust and Novo Nordisk are the founding partners of a new concept in research and care."

Novo Nordisk invested £4m toward the creation of the building, which boasts a bright atrium for patients to wait surrounded by the clinical, research and teaching wings. An



The Oxford Centre for Diabetes, Endocrinology and Metabolism

additional research wing, funded through an investment from Takeda Chemical Industries, will be completed later this year. The centre employs 70 scientists and associated staff organised in 12 teams covering topics such as the causes of beta cell failure, the

effects of fat on health and trials of new agents. A clinical research unit with its own support personnel manages the studies, while a staff of 50 doctors, nurses, dieticians and support staff take care of more than 15,000 patient contacts a year.

Coming Events

SEPTEMBER 23

RPSGB Slough & District branch

Meeting on *Pain Management in Rehabilitation* at John Lister Postgraduate Centre, Wexham Park Hospital, Slough. Speaker Dr A Reece. Buffet from 7.15 to 8pm start.

RETAILING

Chip and pin security trial pronounced a success

by **Sasa Janković**

sjankovic@cmpinformation.com

The latest report into the UK's chip and pin trial in Northampton claims the trial was a great success.

Hazel Blears, Home Office minister for crime reduction and policing, said: "I am encouraged that the lessons learnt in the trial will be taken forward as the

scheme is rolled out across the country, so that the majority of plastic card transactions will be chip and pin by 2005. As well as fighting fraud, chip and pin has also proved to be an efficient, secure and customer-friendly system."

Customers in the trial were said to have a positive attitude about the improved security and found chip and pin easy to use. Tracking

research among Northampton consumers three months into the trial showed that 89 per cent were aware of chip and pin and 83 per cent were in favour.

Almost 1,000 large and small retailers took part in the trial including those who owned their own integrated point of sale terminals and those who leased terminals from banks. Many types of pin pads – fixed, those on

cords or wireless – were trialed.

By the end of the trial, the banking industry had installed more than 1,000 stand-alone terminals, issued more than 200,000 pin-enabled credit and debit cards and had upgraded 180 cash machines so they could offer pin services such as the ability to change pins.

For more information:
www.chipandpin.co.uk

FEATURE

£11m to improve sexual health

by Fiona Salvage

fsalvage@cmpinformaton.com

Extra funding of £11 million is being allocated from the Government to improve the population's sexual health, but community pharmacy's share is not yet clear.

The additional money is the Government's response to the Health Select Committee's report on sexual health.

The Department of Health issued the following statement:

"We are still considering where the additional funding for contraceptive services and HIV prevention will be targeted. We recognise community pharmacies play an important role in providing contraception (including condoms and emergency contraception) and advice and signposting to other services and are interested in working with pharmacy organisations to develop this role further."

Beverley Parkin, the RPSGB's

director of public affairs, said that sexual health offered an "important role for community pharmacists" and their "potential in this area had not been tapped".

This is especially so as a community pharmacy is a unique setting where men and women can go and not feel embarrassed about asking about sexual health, she added. The RPSGB will soon be working with the DoH and PharmacyHealthLink on public health strategy, of which sexual health plays an important role.

PRACTICE

DoH hits out with another 'flu campaign



The Department of Health is launching its annual 'flu immunisation campaign from October 1, once again headed by Sir Henry Cooper.

Backed by national TV and press advertising, the DoH is also using pharmacy bags, consumer magazines, ethnic media including broadcast channels and online advertising to get the message across. The DoH is also sending out campaign leaflets and posters to a number of community pharmacies. Extra copies can be

obtained by calling the number below.

The DoH says that Sir Henry acts as a reminder for the "compliant majority" and it is hoping that the additional support for the television and national press advertisements will motivate the 31 per cent of people aged 65 or over who didn't go for their 'flu jab last year.

For more information:

www.doh.gov.uk

Department of Health

Tel: 08701 555455.

POLICY

Vaccination campaign centres on pharmacy

Scotland is to follow England and introduce a pneumococcal vaccination programme for its over 65-year-olds. However, in Scotland, community pharmacists will be central to the vaccine supply route.

In a move similar to that introduced in England last month, from October, NHS Scotland will be offering half a million Scottish people aged over 65 a pneumococcal vaccination at their GP surgery, if they have not already been vaccinated on health grounds.

However, in a letter from the Scottish Executive Health Department, the chief medical, nursing and pharmaceutical officers say that community

pharmacists and stock order provisions will be "the most appropriate way of procuring the vaccine". They say: "This decision is based on the strong links already established between GP practices and community pharmacies, the established methods of influenza vaccines and the established and valuable public health role of community pharmacists in communicating the purpose and aims of vaccine programmes to targeted patients."

For more information:

[www.show.scot.nhs.uk/sehd/cmo/cmo\(2003\)04.pdf](http://www.show.scot.nhs.uk/sehd/cmo/cmo(2003)04.pdf)

Vaccine issues: E-mail:

norma.darroch@scotland.gsi.gov.uk

Policy issues: E-mail:

dr.elizabeth.stewart@scotland.gsi.gov.uk

MEDICINES

GSL sought for child cetirizine

Galpharm has applied for a P to GSL reclassification of its Hay fever & Allergy Relief Syrup (cetirizine 1mg/ml) and Hay fever & Allergy Relief Tablets.

Galpharm says the syrup is an established product and has been available on general sale from April 2002. The oral solution would be available for adults and children six years and over for symptomatic treatment of allergic rhinitis and chronic idiopathic urticaria. The tablets are already available for adults and children 12 years and over, and Galpharm wants this extended to six-year-olds and over.

The company is proposing that both products are sold in seven-

OBITUARY

Billy Gorman



Billy Gorman, former secretary of the Pharmaceutical Society of Northern Ireland, has died. A keen rugby player and rower, Billy began his pharmacy career as an apprentice at Farmers of Main Street, Whiteabbey. He is, however, best remembered as secretary of PSNI, a post he held for 27 years until 1983.

Together with the late Professor D'Arcy, Billy Gorman brought several key changes to the profession, including a system of training for pre-reg students that remains recognisable today.

PSNI president, Sheelagh Hillan, said: "Billy was an institution, a wonderful font of knowledge, which he delivered impartially and helpfully. He delighted in keeping up to date with pharmacy developments. We, on Council, will miss his advice and also his presence at so many of our functions."

Friends remember Billy as a kind and gentle man and a keen and generous gardener. His full singing voice, often a source of immense entertainment at pharmacy social events, will be missed.

His colleagues extend their sympathy to his wife Dorothy and their family, to whom he was devoted.

Contributed by Brian Maguire, courtesy of the Ulster Chemist Review

day packs to encourage parents to seek further medical advice if the symptoms have not gone when the pack is finished.

Send comments by October 23 to Amanda Lawrence, Department of Health, MHRA, Room 14-152 Market Towers, 1 Nine Elms Lane, London SW8 5NQ

For more information:

www.mhra.gov.uk

E-mail: Amanda.Lawrence@mhra.gov.uk

NEW

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DECONGESTANT
OIL



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...noses

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3 MONTHS**

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- Extensive point of sale material

Presentation: Olbas for Children - mixture of plant oils for inhalation. Active ingredients %w/w: Cajuput Oil 4.625, Clove Oil 0.025,

Eucalyptus Oil 8.8625, Juniperberry Oil 0.675, Levomenthol 1.025, Dementholised Mint Oil 8.8625, Methyl Salicylate 0.925. Other Ingredients: Orange

Terpenes Redistilled. **Uses:** For the relief of bronchial and nasal congestion caused by colds, catarrh, influenza, and hayfever, rhinitis, minor infections of the respiratory tract. **Dosage & Administration:** Children 3 months - 2 years: 4-6 drops on a tissue held close to nose or placed on tissue out of the child's reach. Children 2 - 6 years:

Use tissues as above or place inside a pillowcase for all night relief. Not for topical application. **Contra-Indications:** Hypersensitivity to any of the ingredients.

Warnings & Precautions: Not for babies under 3 months old. Avoid contact with skin for extended periods. If symptoms persist talk to your doctor.

Side effects: None known. **Retail Selling Price:** £2.19 **Legal category:** GSL **Product Licence Number:** PL 01074/0012

Product Licence Holder: G R Lane Health Products Ltd, Sisson Road, Gloucester, GL1 3QB United Kingdom **Date of Preparation:** 8th April 2003

www.olbas.co.uk

For more information call 01452 507458

Comment

from the Editor

The pharmacy showpiece that is BPC becomes more businesslike each year, but disappointingly still fails to attract the community pharmacists who form the most significant part of the profession.

But community pharmacists should take heart in the message from the president to the health minister. A community pharmacist through and through, Gill Hawsworth made it clear that pharmacy has done an awful lot of modernising in recent years, and now it's the Government's turn to do some of what we and not they want. To put it simply, Dr Hawsworth told the minister that pharmacy wants more resourcing.

It was a shopping list of what the many who are directly involved in pharmacy see as a list of 'must haves'. Better PCT understanding of community pharmacy, better access to training via the NHS, electronic connectivity to allow electronic prescribing, a solution to the control of entry regulations revamp that will mean no convenience of access to pharmacy services is lost. Oh yes, and get the NHS to deal with its problem over community pharmacy's commercial

activities. Don't overlook the invaluable contribution this most successful of public-private partnerships makes to healthcare.

Health minister Rosie Winterton has taken a few steps towards addressing some of these concerns and acknowledged concerns about the 'balanced package of measures' for pharmacy regulation. The £1 million for pharmacy support staff training is more than a token gesture in the right direction, and the release of the ETP pilot will make interesting reading this week.

What came across was that the restructuring of the profession and the Government's intentions for pharmacy are starting to coincide. That should be good news. But the detail on so many of the big issues that didn't really get an airing this week – the new contract, generics, and that small matter of the Society becoming a 'modern regulator' – could be make or break for a beleaguered community sector.

Now it's Government's turn to do some of what we want

Your views

Auriol L Lawson RGN and director, UCI Healthcare Ltd enters the appliance supply debate

No substitute for discretion and expertise

I read with interest Mary Allen's article in which she attempts to make a case for Dispensing Appliance Contractors (DACs) receiving the same level of remuneration from the Department of Health as that of pharmacists for the dispensing of ostomy, continence and other appliances listed in Part IX of the *Drug Tariff* (*C&D* August 23, p14).

I am an independent dispensing appliance contractor and a former NHS clinical nurse specialist in ostomy and continence care. My small company was established in 1997 to fill an obvious gap between hospital care and that of ongoing care in the community. My DAC 'licence' was originally granted as being desirable rather than necessary to fill that gap between hospital and home. Most people elect to use our service either by choice or recommendation and



Specialist patient publications can provide the discretion needed when choosing ostomy products

some respond to advertisements in specialist patient publications.

Despite improved screening and advances in surgical technique there has and always will be a need for additional support to that provided by local services including that provided by stoma care nurses and retail pharmacists whose expertise is well recognised

and appreciated by many people.

The last few years have proven that there are still many people with ostomy and continence care requirements who prefer to obtain their appliances and catheters etc from a source other than their local and often very public pharmacy.

Likewise, many patients who elect to use our service and benefit from our expertise do so rather than refer back to the hospital environment, which they are striving to put behind them and with which they associate illness and dependency.

The local pharmacy, while providing an excellent source of general healthcare advice, is limited in the expertise required to assist an individual with the day to day management of, say, a leaking ileostomy, badly excoriated peristomal skin, or the pros and cons of selecting the most appropriate, cost-effective

appliance. Nor does every pharmacy offer local home delivery, complimentary disposal bags and dry wipes.

Unless a pharmacist is prepared to create a discreet and private area in which to provide the advice many ostomists require then people will continue to seek the help of the appliance contractor.

The provision of a telephone helpline does enable suppliers and their clients to maintain contact but those of us who provide local, more personalised services can and do deal with queries in the community including home visits.

Clients are encouraged to visit our premises whenever possible and Stoma Care Nurses are contactable by telephone.

Home delivery of appliances – be they couriered or delivered by a local driver and whether or not

classed as mail order – is appreciated by the thousands of people who elect to use appliance contractors for just that reason. They choose to have their supplies delivered quickly and discreetly, at times suited to their lifestyle.

Regardless of whether or not this client group is more needy of a home delivery service is borne out by the fact that it is the preferred method of obtaining regular, often bulky and very personal items.

It is not the practise nor in the interests of our business to encourage any sort of 'loading' of prescriptions to maximise the on-cost. Nor do we encourage patients to take six months' supply instead of their usual requirements. I doubt if many or indeed any nurses would agree to this request.

Regarding the sponsorship of stoma care nursing posts in the NHS, it seems Ms Allen isn't aware that sponsored stoma care nurses are in fact NHS Trust employees who must abide by their professional code of conduct as set out by the NMC (Nursing and Midwifery Council) and offer patients a choice when recommending products and services. In fact, from my own experience, many sponsored nurses go to great lengths to offer patient choice, often to the dismay of their sponsors.

I fear Ms Allen does a great disservice to the stoma care nursing profession which, whether sponsored or not, must adhere to the same professional ground rules as those of the pharmacists.

Apart from the obvious, there is absolutely no reason why a sponsored nurse would not want to work closely with a local pharmacist ("for the pharmaceutical care of the patient"), who continues to benefit from the pharmaceutical and retail profits generated by the same group of patients.

The consultation document from the DoH has given suppliers, manufacturers, patients, nurses and pharmacists an opportunity to have their say on why things should or shouldn't change with regard to reimbursement and remuneration for DACs.

If the DoH decides to make sweeping changes to the current system as a result of this then I fear for future patients' long-term needs.

I personally cannot envisage a healthcare environment without the added support provided by contractors to people with stomas.

TOPICAL REFLECTIONS

Making my presence felt

Hiding in the dispensary is not an option in my pharmacy but reading the latest *Which?* report on public attitudes to buying branded medicines (*C&D*, September 13, p10) I suspect that many pharmacists still do.

That is not to say I do not trust my staff. I do. They are excellent with the customers and highly knowledgeable about the medicines they sell but they deserve my support when their sound advice seems about to be rejected by a less than confident customer. It is a golden rule in my shop that if a generic alternative exists to the brand requested it should always be offered. As an example, it is a rare event indeed that I do not sell Numark loperamide capsules instead of the Imodium requested and Nurofen is not a bestseller in my shop.

My attitude annoys many of the proprietary reps

but it is a policy I have always pursued. My customers are confident with the advice I provide and also save money. I ensure my gross margins are satisfactory and return custom is encouraged since most of my recommendations are for generic medicines that, even if they are 'GSL', can still only be easily purchased in my pharmacy.

I make my presence as visible as possible and encourage my customers to talk to me. I am not an anonymous face behind the dispensing bench but the community pharmacist to whom they can always turn for advice. I know many of the public will still pick up their medicines in the nearby supermarket, choosing the trusted brand against the unknown generic, but my policy works and is still one of the best ways I know of competing with the aggressiveness of supermarket shopping.

Why Canesten should not go GSL

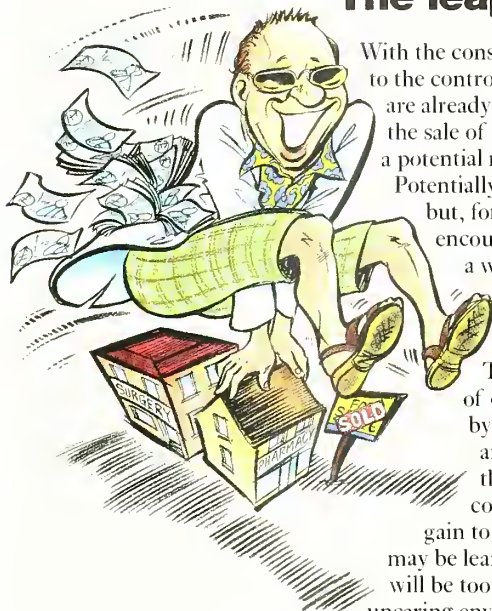
Bayer has applied to the Medicine and Healthcare products Regulatory Agency for Canesten Combi to be reclassified as 'GSL' on the basis that it is safe and that it is only used by women with a prior medical diagnosis of candidal vulvitis (*C&D*, September 13, p9).

I still treat every request for Canesten preparations with the same sensitive discipline that was expected of all pharmacists when it was first declassified to Pharmacy-only sale. Then, Bayer

provided excellent staff training but suddenly the strength of argument that still causes me to refer many patients no longer applies. In an era of escalating sexually transmitted disease Bayer now maintains that it is safe to allow the patient alone to judge the appropriateness of candidal treatment.

I beg to differ. Commercial motives are behind this decision. If not for the sake of pharmacy, then for the sake of the patient it must be rejected.

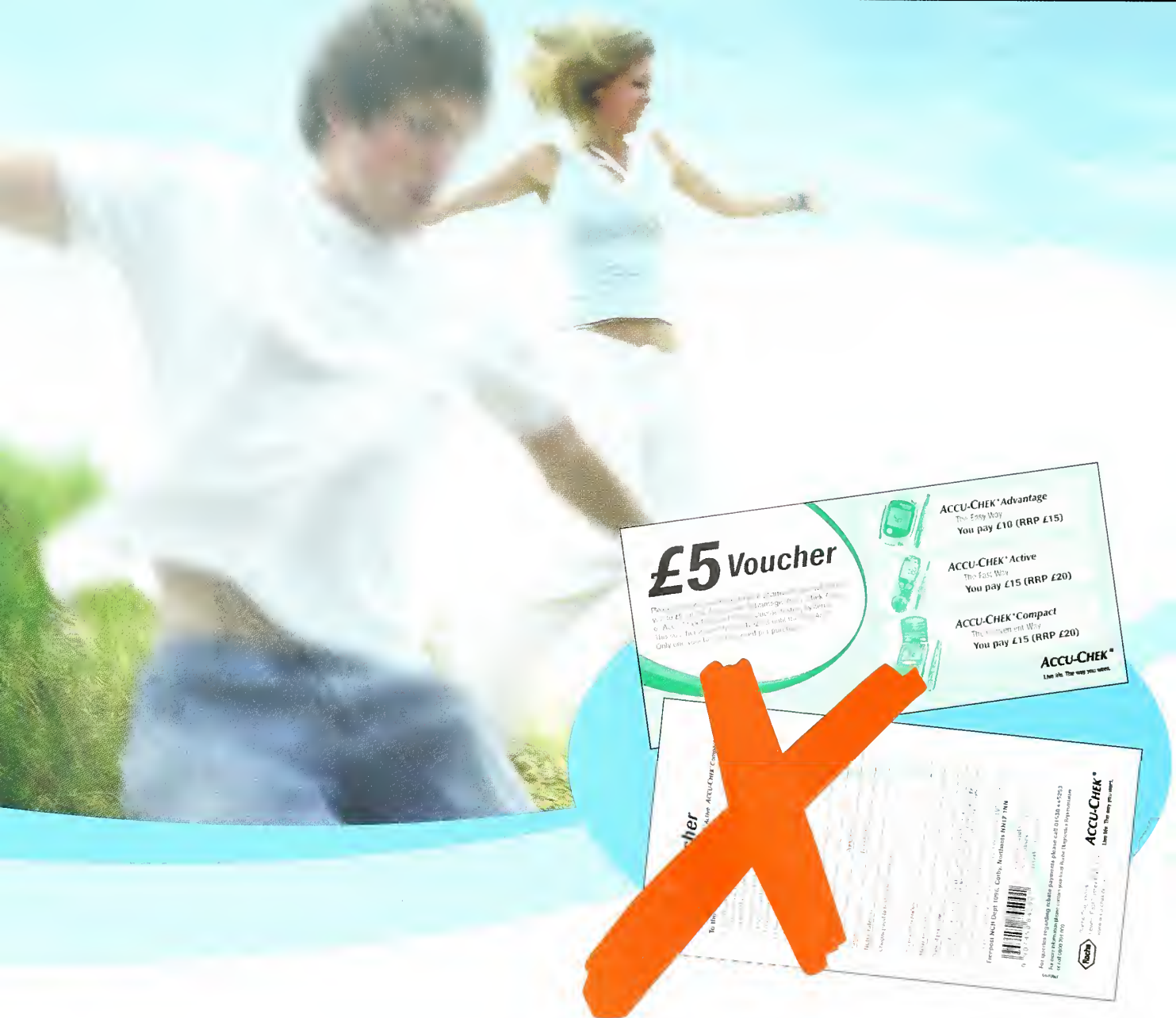
The leapfrogger rides again



With the consultation process on the Government's proposed changes to the control of entry regulations only just underway the opportunists are already showing their hands. I have just seen an advertisement for the sale of an ex-pharmacy premises close to a 10-doctor practice as a potential new 100-hour-a-week pharmacy.

Potentially the leapfrogger rides again. In this case a little premature but, for the owner of the property, well worth the gamble of encouraging interest and then, maybe, a Dutch auction to fund a windfall retirement to the Bahamas.

So this is the consequence of just one of the Government's proposals to open up competition or supposedly provide improved pharmaceutical services. The probable financial ruin of an existing business, unless of course, adding insult to injury, the shop can be purchased by the pharmacist under threat. The speculative scenarios are complex but as an example establishing precedent in the future the consequences are clear. In the name of competition innocent pharmacists will suffer but the health gain to the consumer remains unproven. In time the mistakes may be learnt by a future administration and rectified. But by then it will be too late for those whose lives have been destroyed in the harsh uncaring environment of social experiment that is politics.



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If treated early, this often fatal cancer has over a 90 per cent five-year survival rate, says *Dr Manish Kothari*

Gastric cancer

Gastric cancer is a serious and frequently lethal disease whose presence is often not noticed until an advanced stage is reached.

Stomach cancer is the fifth most common cancer for men and the ninth most common for women in the UK and about 9,800 cases are diagnosed each year. This accounts for about 4 per cent of all cases of cancer. More than eight out of 10 cases are diagnosed in people over 60 years old.

The incidence has been falling in most of the western world including the UK, probably because of improvements in food storage and diet.¹ In Japan, where endoscopic screening for gastric cancer is in place, more than 50 per cent of cancers are detected at an early stage, translating into more than a 90 per cent five-year survival rate after treatment. But while deaths have reduced, the incidence of adenocarcinoma of the stomach is still one per 1,000 population.

The incidence of stomach cancer has marked geographical variations and is more common in Japan, Singapore, Hungary, Portugal, Romania, Chile and Costa Rica. Ethnic groups which have migrated from high to low-incidence countries have an overall risk intermediate between that of their homeland and that of their new country. First generation migrants tend to maintain their high risk while subsequent generations have risk levels similar to those of the host country.

Epidemiologic investigators have shown much interest in gastric cancer over recent years, particularly with the emergence of *Helicobacter pylori* as a risk factor. This has led to an improved understanding of the aetiology and pathogenesis, and raised the possibility of active prevention of the disease.

Risks and causes

The presence of adenomatous gastric polyps increases the risk of developing gastric cancer by 10–20 per cent. The risk is greatest

for polyps larger than 2cm and there is also a risk of developing cancer in the remaining gastric mucosa, warranting endoscopic surveillance. Fortunately, on histopathological evaluation, most gastric polyps are hyperplastic in nature, with no neoplastic potential.

Diet

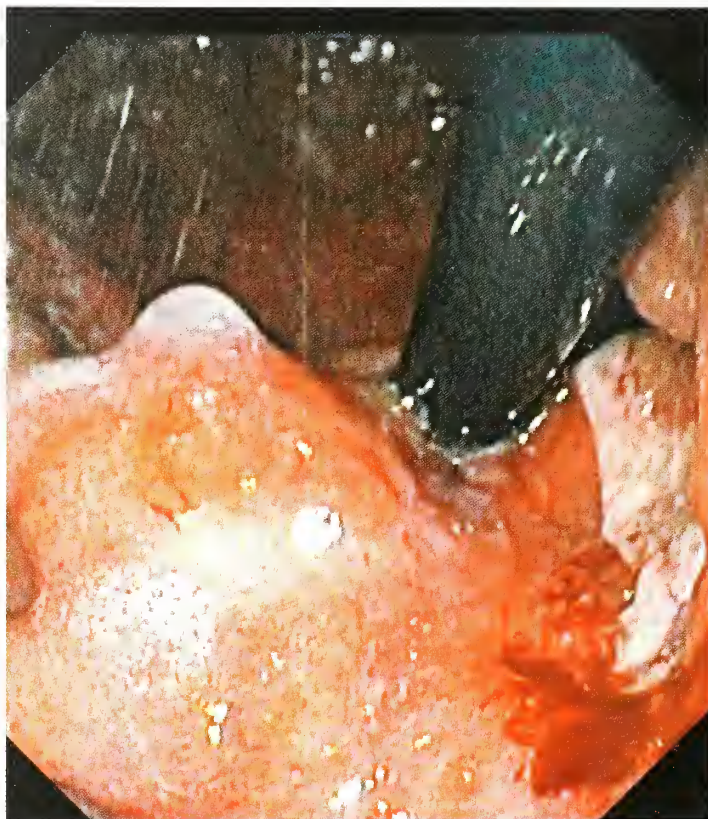
The role of different diets has been extensively investigated. It has been hypothesised on various occasions that fresh fruits and vegetables are protective against gastric cancer. Possible protective micronutrients in the diet include vitamins C and E, carotenoids (particularly beta carotene), and cysteine.²

● A diet high in salty foods, as in Japan, increases the risk of stomach cancer. It was postulated that the continuous use of high doses of salt would result in early atrophic gastritis, thereby increasing the later risk of stomach cancer.³

Various ecologic and analytical studies have consistently associated high salt intake with an increased risk of gastric cancer.

● It has been hypothesised that a diet high in nitrite or nitrate may predispose to gastric cancer and many *N*-nitroso compounds have been shown to be carcinogenic in animal experiments. Such compounds may be formed in the human stomach from dietary nitrite or nitrate. The major sources of nitrate and nitrite are vegetables and preserved meats, respectively. However, an increased risk conferred by a diet high in nitrite is negated if that diet is also high in antioxidants from fruit and vegetables.⁴

● The relationship between smoking and gastric cancer has been extensively examined and many studies have reported a weak to moderate association. Alcohol may also increase risk in cardia cancer, although evidence from case-control studies is not convincing.



Stomach cancer. Gastroscope (endoscope) view of a gastric tumour (adenocarcinoma, centre left) in a 34-year-old man. The endoscope is also seen (black)

Helicobacter pylori

Helicobacter pylori is one of the most common and medically prominent infections worldwide. Infection with this micro-aerobic, Gram-negative bacterium has been established as an aetiological factor in the development of peptic ulcer disease. In addition, *H. pylori* infection has been associated firmly with the development of gastric neoplasia, including gastric adenocarcinomas and gastric mucosa-associated lymphoid tissue lymphomas. In 1994, the International Agency for Research on Cancer classified *H. pylori* as carcinogenic to humans. An international study group found that countries with high gastric cancer rates typically have a high prevalence of *H. pylori* infection.⁵

Paralleling a fall in gastric cancer incidence, the prevalence of *H. pylori* infection has declined

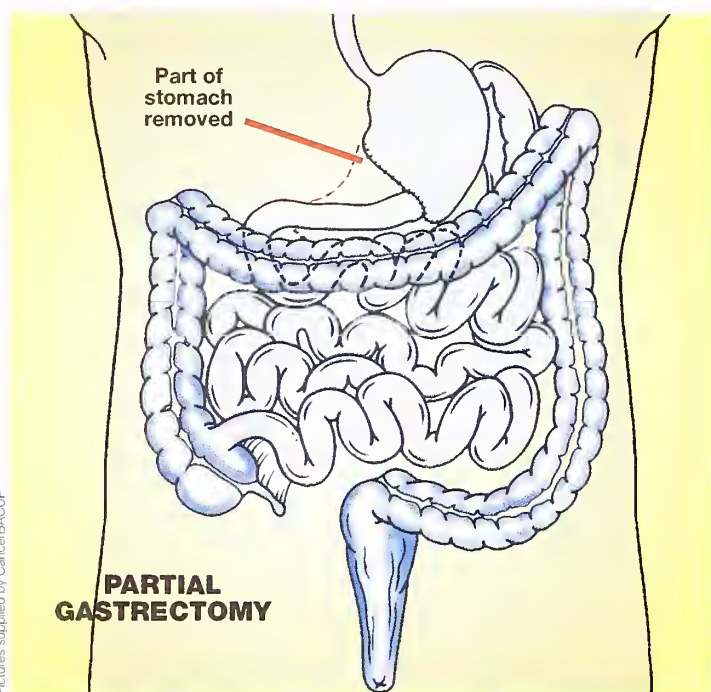
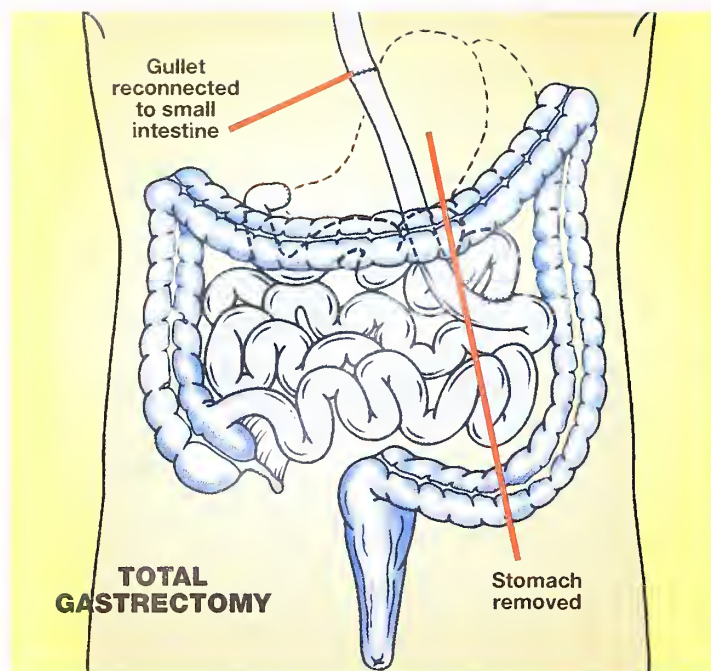
in developed countries over recent decades. Conversely, the excess of gastric cancer seen in those of lower socio-economic status is matched by a similar excess of *H. pylori* infection in these groups.

Meta-analyses of prospective studies suggest that the risk of gastric cancer is increased two or three-fold in those chronically infected with *H. pylori*.⁶

This micro-organism contributes to gastric cancer via mechanisms that include the development and progression of chronic gastritis. A hospital-based case control study has suggested that high-salt diets may enhance the effect of *H. pylori* infection in gastric carcinogenesis.⁷

There are several invasive and non-invasive strategies available for diagnosis of the infection. Invasive methods requiring

Continued on page 22 ►



Surgery is the initial treatment for gastric cancer and can include partial or total gastrectomy as well as adjacent organs. Understanding cancer of the stomach is a leaflet available from CancerBACUP

endoscopic evaluation include rapid urease testing, bacteriologic culture and susceptibility testing, histopathology and molecular studies. Non-invasive approaches include urea breath testing, faecal antigen levels and serologic detection.

Effective antimicrobial treatment is available for *H. pylori* eradication and it has been suggested that its eradication may influence tumour vascularity of gastric carcinoma, thereby contributing to the suppression of tumour growth.

Conditions associated with reduced acid levels in the stomach.

The reduced acid levels may promote bacterial growth, aiding production of more nitrites and nitrosamines, thereby increasing risk. Conditions with reduced stomach acid include:

- pernicious anaemia
- atrophic gastritis
- Ménétrier's disease (or hypertrophic gastropathy)
- achlorhydria.

Gastric surgery. Since a possible association between gastric surgery and

Box 1: American Joint Commission TNM staging of stomach cancer

T: Primary tumour

- T1: Tumour confined to the mucosa
- T2: Tumour involving mucosa and submucosa and extending up to but not penetrating serosa
- T3: Tumour penetrating serosa with or without invasion of adjacent structures
- T4: Diffuse involvement on gastric wall without obvious boundaries (linitis plastica) and/or involvement of adjacent organs

N: Regional lymph node involvement

- N0: No nodal metastases
- N1: Metastases to perigastric lymph nodes in immediate vicinity of tumour
- N2: Metastases to lymph nodes distant from primary tumour or along both curvatures of stomach

M: Distant metastases

- M0: No distant metastases
- M1: Metastases beyond regional lymph nodes

subsequent gastric cancer was first noted in 1922, there have been numerous reports on the subject. Many studies, including large long-term follow-up studies, point to an increased risk of gastric cancer, particularly 15 years or more later.

Ionising radiation.

A prospective study of survivors of the atomic bombings of Hiroshima and Nagasaki identified a significantly higher incidence of gastric cancer.⁸ There is a two to four-fold increased risk of in-patients exposed to therapeutic radiation doses to the abdomen for other cancers. Studies of occupational radiation exposure have not demonstrated increased risks, presumably because the radiation doses are much lower compared with the atomic bomb survivors and the therapeutically irradiated.

Other risk factors.

The risk of gastric cancer is increased in first-degree relatives of patients with the disease by approximately two to three-fold. Familial clustering of *H. pylori* infection may contribute to this risk. Having blood type A is statistically linked to an increased risk of stomach cancer. A Scandinavian Twin Study of 44,788 pairs of twins found an increased risk of gastric cancer in the twin of an affected person.⁹

Low socio-economic status has been consistently associated with an increased risk of gastric cancer overall.¹

Symptoms

Stomach cancer usually starts insidiously and when symptoms do occur it is well past the early stages. These include:

- epigastric pain or discomfort;

- unexplained weight loss;
- loss of appetite over a period of a few weeks;
- feeling full or bloated after eating;
- indigestion or heartburn;
- nausea and vomiting; and
- blood in stools (motions), or in vomit.

Epigastric pain is the most frequently occurring symptom and is often constant, non-radiating and unrelieved by food ingestion. Anorexia, nausea and weight loss become more marked with disease progression.

Dysphagia can occur with proximal lesions and the onset of jaundice suggests advanced disease. There are no simple laboratory tests for gastric neoplasms, although occult blood may be present in faeces in a minority of patients.

Guidelines for urgent referral.

As most symptoms from gastric cancer are not obvious, the Department of Health has produced guidelines to help GPs decide which patients should be seen urgently by a specialist.

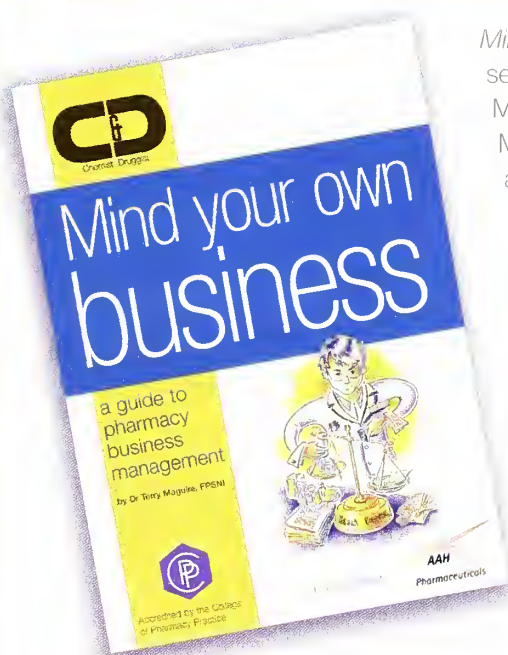
Symptoms that need urgent referral for possible gastric cancer are:

- difficulty swallowing, food sticking in the throat (dysphagia), at any age;
- indigestion (dyspepsia) at any age in combination with weight loss or anaemia;
- indigestion in anyone aged 55 or over that started less than a year ago and has been continuous (in some areas throughout the UK there is a policy to refer people older than 45-50);
- a lump in the upper

Continued on page 24 ►

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Mind your own business



Mind Your Own Business contains the complete and unabridged series of 'Business Matters' articles written by pharmacist Dr Terry Maguire which have run in *C&D* over the past year. In the book, Dr Maguire expands on each of the 10 subject areas to provide anyone involved in running a pharmacy business with advice on management techniques and style, as well as some practical tips to make your business work better.

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abdomen; and

- indigestion with associated risk factors like:

- a family history of two or more first-degree relatives having had cancer of the pancreas, oesophagus or stomach

- pernicious anaemia

- surgery for a peptic ulcer over 20 years ago.

Diagnosis.

Gastroscopy is the most common technique for diagnosis of gastric cancer. A suspicious lesion is biopsied and subjected to histology. After confirmation of cancer a CT scan is performed to stage the disease. Other tests include barium meal, blood tumour markers and laparoscopy.

Pathology

About 95 per cent of stomach cancers are adenocarcinomas. Non-Hodgkin's lymphomas and leiomyosarcomas make up most of the remaining 5 per cent. Other rare malignant primary tumours of the stomach include adenosquamous, squamous, choriocarcinomas, carcinoid tumours, rhabdomyosarcomas and undifferentiated carcinomas.

Treatment

The main treatments for stomach cancer are surgery, chemotherapy and radiotherapy.

Surgery is the initial treatment for stomach cancer where possible. For stomach cancer at an early stage, surgery may be the only treatment that is required. Curative resection is possible if the disease appears to be confined to the stomach with or without regional lymphatic spread. The type and extent of gastric resection must be appropriate for the individual patient and is influenced largely by the location and extent of the primary tumour and detectable lymph nodes. Surgical excision of all detectable tumours is associated with an improvement in five-year survival rates.

The type of surgery is determined by the site of tumour in the stomach and its spread elsewhere. Adjacent organs like the spleen, part of the

pancreas or bowel may

have to be removed, together with regional lymph nodes, in addition to partial or total gastrectomy.

In advanced cancer, where curative resection is not possible, palliative surgery (such as gastrojejunostomy or feeding jejunostomy) is often performed just to provide relief from complications like obstruction, haemorrhage and perforation. **Chemotherapy** can be given: as neo-adjuvant therapy before surgery to try to shrink a large cancer to make it operable (MAGIC trial); as adjuvant therapy after surgery; to reduce or control symptoms in advanced cancer and slow down progression.

Several reports have noted that use of chemotherapy as an adjuvant to surgical treatment has prolonged survival and delayed recurrence. Prior debulking via surgery is important since removal of as much tumour as possible enhances the response to chemotherapy.

Neo-adjuvant chemotherapy in locally advanced gastric cancer reduces tumour size in 30–40 per cent of patients, thus enabling a radical resection in a second-look operation.

Many chemotherapeutic drugs are available to aid treatment of gastric cancer and are usually used in combination. One of the commonest combinations used for stomach cancer is ECF – epirubicin, cisplatin and 5-fluorouracil (5FU). These are administered via a central line and a pump. Epirubicin and cisplatin are given in cycles, while 5FU is delivered via the pump connected to the central line as a continuous infusion.

Hepatic artery infusion.

In hepatic metastases continuous chemotherapy via a pump using 5FU can be given as a hepatic artery infusion. This requires a general anaesthetic and is still experimental.

The antioxidants in fruit and vegetables are known to have a protective effect

Box 2: Staging of stomach cancer

Stage 1

1a: T1, N0, M0

1b: T1, N1, M0 or T2, N0, M0

Stage 2

T2, N1, M0 or T3, N0, M0 or T1, N2, M0

Stage 3

3a: T2, N2, M0 or T3, N1, M0 or T4, N0, M0

3b: T3, N1, M0 or T4, N1, M0

Stage 4

Tumour unresectable or metastatic

Intraperitoneal chemotherapy. Another experimental modality is giving chemotherapy infusion directly into the abdominal cavity through a catheter when peritoneal metastases are present.

Other chemotherapy combinations include FEMTX (5FU, epirubicin and methotrexate) and FAMTX (5FU, adriamycin or doxorubicin and methotrexate). Epirubicin and adriamycin bind to cellular DNA thus preventing cell division and growth of malignant cells. Methotrexate and 5FU are anti-metabolites, blocking the cellular ability to repair DNA thereby affecting cell growth.

Common side effects

One of the most common and disruptive side effects of almost all chemotherapy is fatigue that continues for several months after stopping treatment.

There is increased risk of infection due to temporary bone marrow dysfunction causing neutropaenia. Anaemia or thrombocytopaenia (low platelets) can develop by the same mechanisms and require transfusions. Fortunately the effects are reversed back to normal within three to four weeks of stopping the drug.

Nausea and vomiting in varying degrees may occur and can usually be controlled with anti-emetics.

Hair changes can range from thinning to complete hair loss and are usually temporary.

There are harmful effects on a developing foetus so it is advisable not to conceive while taking chemotherapy. Some drugs, particularly epirubicin and cisplatin, may also cause a total loss of fertility after treatment.

Other common side effects include mouth ulcers, skin rashes, diarrhoea, changes in taste, loss of appetite, discolouration of urine and increased photosensitivity.

Epirubicin and adriamycin can cause temporary cardiac damage, while cisplatin and methotrexate are nephrotoxic.

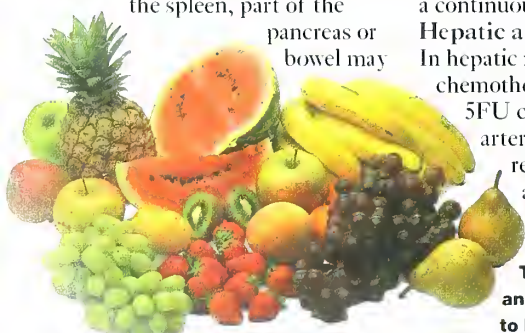
It is important to remember that not every patient gets these side effects and that many are temporary.

Radiation alone has curative potential in only a small percentage of patients with resected but residual or unresectable localised disease. Its greatest benefit has been when used in combination with chemotherapy. In some centres intra-op electron boost for gastric cancer has been used. There is a proven beneficial effect of adjuvant external radiotherapy in promoting loco-regional control of patients with serosal and/or lymph node involvement.

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Dr Manish Kothari is a specialist registrar at Central Middlesex Hospital, London.



There's a sore throat treatment that can last longer than *dinner*, the kids' homework and a **B**edtime story.

Strefen is clinically proven to reduce the symptoms associated with inflamed sore throats, providing rapid relief that lasts for up to 3 hours. They are the only lozenges to contain an NSAID (flurbiprofen) and have been shown to be well tolerated.¹ With a proven safety profile, Strefen is suitable for anyone suffering from sore throat pain to whom you would normally recommend an NSAID.



Recommend Strefen, because nothing is proven to last longer.

PRODUCT INFORMATION FOR STREFEN® Strefen contains flurbiprofen BP 8.75mg per lozenge.

Indication: Symptomatic relief of sore throat. **Dosage and administration:** Adults and children over 12 years: 1 lozenge sucked slowly every 3 – 6 hours as required, up to a maximum of 5 lozenges in 24 hours, and for a maximum of 3 days. The lozenges should be moved around the mouth whilst sucking.

Contraindications: Hypersensitivity to any of the ingredients; in patients with existing, or history of, peptic ulceration; history of bronchospasm, rhinitis or urticaria associated with aspirin or NSAIDs.

Special warnings and precautions for use: Bronchospasm may be precipitated in patients with history of asthma. Caution is required in: patients with renal, cardiac or hepatic impairment as renal function may deteriorate with use of NSAIDs; patients with hypertension; patients with abnormal bleeding potential as bleeding time can be prolonged. **Pregnancy and lactation:** Use of Strefen should be avoided in the third trimester. Flurbiprofen appears in breast milk in very low concentrations and is

unlikely to affect the breast-fed infant adversely. **Undesirable effects:** Dyspepsia, nausea, vomiting, gastrointestinal haemorrhage, diarrhoea, mouth ulcers, fluid retention and oedema. Exacerbation of peptic ulceration and perforation, urticaria, angioedema and various rashes have been reported. Very rarely, jaundice and thrombocytopenia (usually reversible), aplastic anaemia, and agranulocytosis have been reported. Transient local irritation of the buccal mucosa may occur, and taste perversion has been reported in trials. **Package quantities:** Strefen is available in cartons of 16 lozenges. **MRRP:** £3.49 (16 lozenges). **Product licence number:** 00327/0135. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG2 3AA. **Legal category:** P. **Date of preparation:** August 2003. **Reference:** 1. Benrimoj SI *et al.* Efficacy and tolerability of the anti-inflammatory throat lozenge flurbiprofen 8.75mg in the treatment of sore throat - A randomised, double-blind, placebo-controlled study. Clin Drug Invest 2001; 21(3): 183-193. URT000251.



To receive copies of the pharmacist and pharmacy assistant sore throat management training manuals or a clinical paper summary, telephone 0115 9002324.

Methylxanthines are not good for COPD

Methylxanthines are not beneficial in treating exacerbations of chronic obstructive pulmonary disorder; instead they cause significant side effects, say scientists in the USA.

No statistically significant clinical benefit can be seen from using methylxanthines say the researchers, adding that incidences of side effects such as nausea and vomiting are increased compared to placebo. The paper

claims that results of this study are contrary to the guidelines from the British, European and American thoracic societies.

The authors reviewed earlier studies that looked at methylxanthine (oral theophylline, intravenous aminophylline and intravenous doxophylline) use in COPD exacerbations and analysed all the results. They found that three out of the four trials noted no

significant benefit with methylxanthines, and two trials showed patients' conditions significantly declining after the treatment.

Besides nausea and vomiting, patients also experienced other, non-statistically significant, side effects such as tremor, palpitations and arrhythmias.

For more information:

www.bmj.com

BMJ 2003; 327: 643-6.

Lithium lowers suicide risk

Patients with bipolar disorder taking valproic acid are at more than twice the risk of committing suicide than if they take lithium, say doctors in the USA.

The research also found that patients taking valproic acid had a 70 per cent higher risk of attempting suicide and being hospitalised than

those taking lithium.

The authors said: "This evidence of lower suicide risk during lithium treatment should be viewed in light of the declining use of lithium by psychiatrists ... if lithium does indeed have an anti-suicide effect not matched by currently available alternatives, then current prescribing

patterns should be re-evaluated."

The study, which looked at over 20,000 patients, was set up to investigate the suggestions that lithium treatment lowers the risk of suicide in patients with bipolar disorder.

For more information:

www.jama.com

JAMA 2003; 290: 1467-73.

SARS case in Singapore confirmed

The World Health Organization confirmed that Singapore has a "laboratory-confirmed" case of severe acute respiratory syndrome or SARS. However, the WHO adds that this is an isolated incident and not a cause for international concern.

The man, who is a postdoctoral researcher in a Singaporean university, was working on the West Nile Virus and scientists are unable to determine how he became infected with SARS. Although he has developed antibodies against the coronavirus, he is not displaying the usual



symptoms of the disease.

The Health Protection Agency says that it is in close contact with the Department of Health and the WHO in monitoring the situation. The HPA has been collaborating with the UK SARS Task Force in drawing up new guideline for SARS surveillance in the UK.

The WHO says that Singapore remains a safe travel destination and that travellers from Singapore do not present a risk to other countries.

For more information:

www.who.int

www.hpa.org.uk

American research shows garlic slows Alzheimer's

Garlic may provide a protective effect against Alzheimer's disease, a researcher from the USA claims.

Research has produced evidence to suggest that garlic can reduce the amount of amyloid plaques produced by mice brains by up 32 per cent. The researchers investigated garlic because it is linked with reducing blood cholesterol levels. In turn, high cholesterol levels are linked

with the build up of amyloid plaques within the brain, and statins have also been investigated into their possible effects on Alzheimer's. However, statins are known to produce an inflammatory response as well as their cholesterol-lowering activity, making them less suitable for use in Alzheimer's disease.

Researchers in the USA investigated the possibility that

garlic, believed to have some cholesterol-lowering effect because of its HMG-CoA reductase inhibitor activity, could also play a beneficial role in preventing amyloid plaques.

Rebecca Wood, chief executive of the Alzheimer's Research Trust, said: "It is worth investigating further, as it has been previously shown that aged

Scriptlines

Seroquel 300mg tablets

AstraZeneca is launching Seroquel (quetiapine) as a 300mg tablet. The film-coated tablets are white and capsule shaped. The initial dosage in adults for the first four days of treatment should be 50mg (day one), 100mg (day two), 200mg (day three) and 300mg (day four). The dose should then be titrated to the effective dose between 300-450mg/day. Elderly patients should be started off on 25mg/day.

Patients should avoid alcohol while taking Seroquel.

For more information:

See Price List supplement

AstraZeneca

Tel: 01582 836000.

Zispin SolTabs

Organon is launching Zispin SolTabs (mirtazapine), an orodispersible tablet.

It should be placed on the tongue where it will disintegrate. The patient can then swallow it with or without water.

The starting dose for adults and the elderly is 15 or 30mg, with the higher dose to be taken at night. The effective daily dose is usually between 15 and 45mg. Zispin SolTab is not recommended for children.

Patients should not consume alcohol or take monoamine oxidase inhibitors while taking Zispin SolTabs. Mirtazapine can also increase benzodiazepines' sedative effects.

Patients should not drive or operate heavy machinery when taking Zispin because it may impair concentration and alertness.

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Tixy gets tough on colds and 'flu

Novartis Consumer Health is launching a dual action product for the relief of the symptoms of children's colds and 'flu in the Tixy range.

Tixyplus contains diphenhydramine hydrochloride to dry up runny noses and aid restful sleep plus paracetamol to help reduce pain and temperature. It is suitable for children from two to 12 years old.

The product is a sugar-free oral suspension with a pleasant tasting raspberry and vanilla flavour. The packaging features a mother cuddling her child.

The launch will be supported by press advertising over the cough and cold season, promotion through Bounty toddler packs, midwife and health visitor training and sponsorship of key sections of a new edition of the *Mother & Baby Guide to Health*.

The advertising features two 'Blues Brothers' boys – one clearly



under six and the other over six – standing in front of a brick wall with the message 'Now Tixy gets tough on colds and 'flu'.

Price: £3.49

Pack size: 100ml

Pip code: 297-9615

Novartis Consumer Health

Tel: 01403 210211.

Mentholatum website has a fresh new look

The Mentholatum Company has updated its website with a fresh new look.

The site provides a user-friendly guide to the company's pain relief, personal care, lipcare and eyecare products.

These include Mentholatum Deep Heat, Deep Freeze, Deep Relief, Mentholatum Vapour Rub, Stop 'n Grow, Cutipen and Snug Denture Cushions.



For more information:
www.mentholatum.co.uk

Colour up your business

A range of coloured contact lenses is being introduced into pharmacies.

OKVision Colours are designed as a cosmetic item, and can be sold over the counter without a prescription.

A starter pack (£98.40 plus VAT) contains eight of the most popular

colours plus a free window poster, counter display and leaflets.

As a special offer, C&D readers will receive an additional free pair of lenses for every starter pack ordered.

Price: £19.95 per pair

OKVision

Tel: 020 8632 1550.



Vitamin chews for children

An American range of fun children's chewy vitamins is being launched into UK pharmacies.

L'il Critters vitamins, which are manufactured by Northwest Natural Products, are being distributed by Caregrange – a West London pharmacy.

The range includes Gummy Vites, Vita Worms, Vita Beans, Calcium Gummy Bears

and Fruit and Veggie Bears.

The products contain no artificial colours, flavours or preservatives. Packaging has child resistant caps for safety and freshness.

The range will be available on special offer from UniChem in October.

Price: £5.79

Caregrange Ltd

Tel: 0208 740 9443.

Olbas is under kids' noses

Lanes is launching an inhalant decongestant oil for children and infants aged from three months in the Olbas range.

Olbas for Children is a natural decongestant containing pure plant oils which release vapours to relieve the nasal congestion caused by colds and catarrh.

The launch will be supported by

a £1 million national TV advertising campaign which is part of a total £3m spend on the Olbas brand.

Point of sale material is also available.

Price: £2.19

Pack size: 10ml

Pip code: 296-5879

GR Lane Health Products Ltd

Tel: 01452 524012.

More get up and go

NatraHealth has introduced a supplement formulated to provide an instant energy boost.

CoQ Melts contain co-enzyme Q10 which occurs naturally in every cell in the body with the greatest concentrations in the muscles, liver and heart.

Co-Q10 helps protect cells from free radical damage and

contributes to immune function.

The melts dissolve on the tongue and are absorbed faster than swallowed tablets. Up to three can be taken daily as needed.

Price: £9.99

Pack size: 30

Pip code: 291-7870

NatraHealth

Tel: 01732 860850.

The power of magnetism harnessed to relieve pain

Norstar Biomagnetics has launched a new magnetic field therapy device for pain relief.

Magnessage can be used for relief from headaches, period pain, cramp, arthritis, muscle problems and soft tissue injuries.

The hand-held device is cordless, with a spinning magnet that has a built in vibration allowing

it to generate up to 18 inches of magnetic field penetration.

Norstar says the device only needs to be used for five minutes, two to three times a day to provide the same benefits as a static magnet worn all day.

Price: £95.00

Norstar Biomagnetics

Tel: 01635 588888.

BLADDER WEAKNESS?

BOOST YOUR SALES WITH NEW AND IMPROVED TENA LADY

The new and improved TENA *lady* range is designed to provide discreet and reliable protection against occasional bladder weakness in a way that sanitary pads simply cannot. As thin and comfortable as a panty liner, improved absorption characteristics and TENA's unique Odour Control™ system keep users fresh, dry and confident.

New TENA *lady* is being promoted with new TV and press campaigns. Be ready to meet the demand.



TENA LADY RANGE

For further information, call the **TENA Pharmacy Advice Line** on **0870 333 0874** (quoting C&D0903) or visit **www.tena.co.uk**

PRODUCT OVERVIEW

PRODUCT	PIP CODE	BOX CONTENTS
TENA LADY ULTRA MINI	272-5133	10 X 28 (280)
TENA LADY MINI	277-8215	10 X 20 (200)
TENA LADY MINI PLUS <small>NEW</small>	280-6859	10 X 16 (160)
TENA LADY NORMAL <small>NEW</small>	259-4448	6 X 12 (72)
TENA LADY EXTRA <small>NEW</small>	259-4455	6 X 10 (60)



NEW!

Please note that the increasing number of requests for samples means that it is now necessary to limit them to two per pharmacy each year. TENA is a registered trademark of SCA Hygiene Products UK Ltd.

Frontshop

Puppet brings hair to life

Oilatum Scalp Treatment will be on TV from October with a new animated commercial.

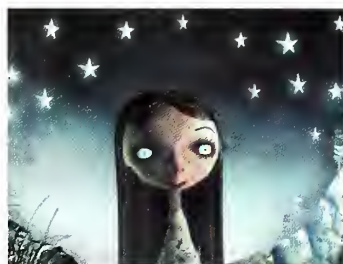
The £1.2 million campaign will include another TV burst next January and will be supported by poster advertising.

Featuring a puppet called 'Mitzzy', the commercial uses computer-generated images to

show the character's hair come to life and form itself into 'hands' which she uses to treat her irritated scalp. The voiceover explains that the product is serious and hard working yet also improves the look of your hair.

For more information:

Stiefel Laboratories (UK) Ltd
Tel: 01628 524966.



Quick silver for fingertips

Network Health & Beauty is to launch six fashionable metallic nail shades in the Sally Hansen range.

Chrome Nail Makeup nail colours contain micro-fine sterling silver particles to provide a mirror finish and dry in 60 seconds.

Price: £4.95

Network Health & Beauty
Tel: 01252 533333.

Sparkle with disco diva look

Collection 2000 is launching a glittering new make-up range for the party season.

The Sparkle Sensation range includes new Day to Night Lipgloss – a double-ended lipgloss to provide a solid colour for the daytime and a complimentary pearl and glitter gloss for a glitzy evening look.

Other new products are Sparkle Colour Sealer to add extra sparkle

to the lips and Sparkle Top Coats to be worn over another nail polish for shimmering nails.

There is also a new limited edition Sparkle Lash Mascara and two new shimmering gold shades of Mono Eyeshadow.

The products will be available from November.

Price: From £1.59 to £3.49

Collection 2000 Ltd
Tel: 01695 727317.

Inbrief

Pop chic

Bourjois is introducing a new autumn/winter make-up collection inspired by 1960s pop art. The Pop Chic collection combines beige, caramel and brown with reds for a graphic, modern look.

For more information:

Bourjois Ltd
Tel: 020 7436 6110.

Natural shine

Kent has introduced a range of pure bristle hairbrushes designed to add natural-looking shine to the hair. New models include cushion porcupine brushes, radial brushes, a narrow grooming brush and a unisex grooming brush. Prices range from £5.95 to £7.95.

For more information:

G B Kent & Sons Ltd.
Tel: 01442 232623.

Twisted up

The Trojan range of condoms includes 'Twisted Pleasure', a double twist design for enhanced stimulation for both partners and 'Her Pleasure', designed to enhance a woman's sexual experience. These details were transposed in C&D Sept 6, p29.

For more information:

Carter Products Ltd
Tel: 01303 858828.

TVnext week

Bassett's Soft & Chewy Vitamins: GMTV, Sat

Caligig: C4

Clearblue Digital Pregnancy Test: All areas except U, CTV, GMTV

Hedex: All areas except U, CTV, GMTV

Imodium Instants: All areas

Lloydspharmacy's Diabetes Testing Service: GTV, STV, B

Lucozade Hydro: All areas except U, CTV, GMTV

Nytol: Sat

Poligrip: All areas except U, CTV, C5, GMTV

Ribena: All areas except U, CTV, GMTV

Rimmel London 'Extreme Definition Mascara': All areas except U, CTV, GMTV

Sensodyne Total Care: All areas except CTV, GMTV

Seven Seas Neutra Taste: C5, GMTV

Seven Seas Pure Cod Liver Oil: C4, C5, GMTV, Sat

Syndol: All areas

Tena lady & Tena pants Discreet: All areas except U, GMTV

Voltarol Emugel P: B, G, Y, C, TT, C4

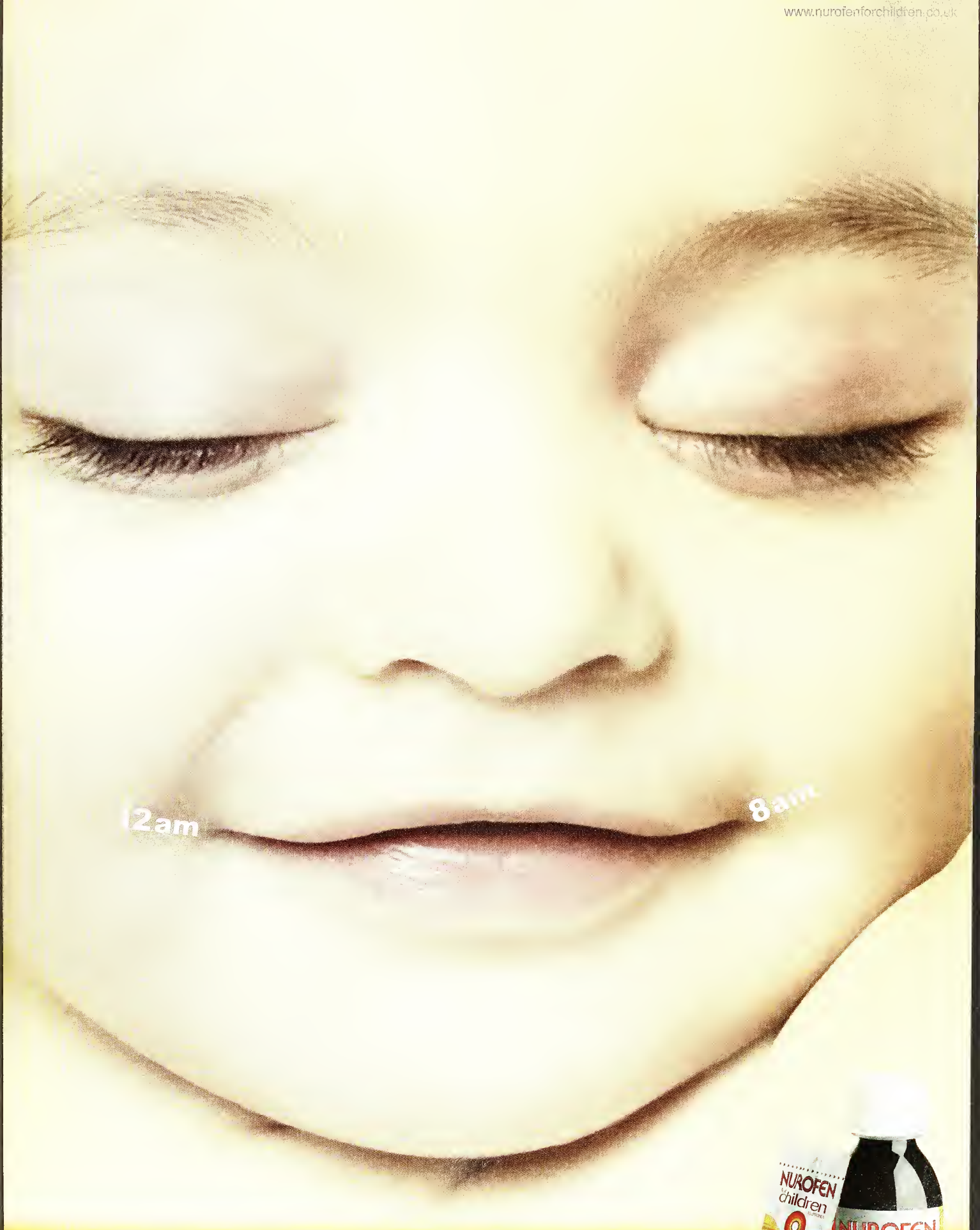
PharmaSite for next week: Eumobase – window, Eumovate – in-store, Ex-Lax – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

PRODUCT INFORMATION:

NUROFEN FOR CHILDREN and NUROFEN FOR CHILDREN

SINGLES: Suspension of ibuprofen 100mg/5ml **Indications:** Reduction of fever, and relief of mild to moderate pain. **Dosage:** 20-30mg/kg bodyweight in divided doses, achieved as: Infants 6-12 months: One 2.5ml spoonful taken 3 to 4 times in 24 hours. Children 1-3 years: One 5ml spoonful taken 3 times in 24 hours. 4-6 years: 7.5ml (5ml + 2.5ml spoonful) 3 times in 24 hours. 7-9 years: Two 5ml spoonfuls 3 times in 24 hours. 10-12 years: Three 5ml spoonfuls 3 times in 24 hours. Not suitable for children under 6 months of age unless advised by doctor. For oral administration. For short term use only. **Contraindications:** Hypersensitivity to any of the constituents. Patients with a history of, or existing peptic ulceration. Patients with a history of asthma, rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and Warnings:** If symptoms persist for more than 3 days, consult doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen for Children or Nurofen for Children Singles. Nurofen for Children and Nurofen for Children Singles are not suitable for patients who have a stomach ulcer or other stomach disorder. **Side Effects:** Hypersensitivity reactions including (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects rare, may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also very rarely thrombocytopenia. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product Licence Holder:** Crookes Healthcare Limited, NG2 3AA. **Product Licence Number:** PL 00327/0085. **Legal Category:** P. **MRRP:** Pack size 100ml: £3.49 Pack size 150ml: £4.59. **Product Licence Number:** 00327/0140. **Legal Category:** GSL. **MRRP:** Pack size 8 sachets x 5ml: £2.79 Pack size 16 sachets x 5ml: £4.99. **Date of preparation:** August 2003. NFN570



Nurofen for Children provides up to 8 hours effective fever relief in babies – up to 2 hours longer than any paracetamol suspension, and long enough to last all night long. It's also available in the very latest, convenient formats. When you need long-lasting, effective fever relief, Nurofen for Children's got it.



For up to 8 hours fever relief





Evolution, not revolution

Steve Dunn, group managing director of AAH Pharmaceuticals and the current BAPW chairman, tells Patrick Grice about the strategic issues shaping his business and the law of unintended consequences

Rumours about the death of independent pharmacy are a little premature, says Steve Dunn. He knows that chains hold 50 per cent of contracts and that number is likely to increase, but the reason it is increasing is through acquisition, not only by supermarkets but also regional multiples.

"What you see is independents becoming regional multiples, and at that level there is not a lot of difference. And we will continue to see the true independent, the one man running his shop because it is a legitimate model. If you are a good pharmacist, a good operator, you will survive and prosper. So rumours of the end of that sector are unfounded, and possibly mistaken because of the way people interpret the statistics," he says.

However, there will be changes to the pharmacy sector, of that he is sure. A combination of the new contract and the Government's *Vision for Pharmacy* point strongly down a road which leads to pharmacy operations polarising into script factories and service pharmacies.

"Script factories will be all about volume, possibly using automation, possibly a hub and spoke model, possibly not using real estate at all since mail order has been explicitly legitimised in *Vision for Pharmacy* in England. On the other hand you will see a sector of pharmacy grow up which is all about delivering services from a community location.

"Within that polarisation, and because the business model works well for the script factory and well for the service deliverer, the

middle ground will become confused. It may end up looking like American pharmacies, where you walk past the tuna fish and the liquor to get to the dispensary. There will be some convergence between the convenience store sector and the community pharmacy. You will see three sectors emerging out of what used to be one," Mr Dunn suggests.

He believes such changes will have little immediate impact on wholesalers. The delivery side will be unaffected, since outlets will still need stock. "The other things that we provide are already tailored by customer groups anyway. There is a different offer for each. We will simply continue to do that, and support the needs of our customers in the new environment," he says.

Range management will become a key issue for wholesalers in the next few years

One of AAH's corporate priorities for 2004 is to help its pharmacist customers deliver medicines management services. "No one has a very clear idea of what will be required yet. We have done some groundbreaking work in piloting medicines management in the community with the 100 pharmacists in Vantage Health Watch. That has been altruistic on our part and on theirs, because there is not much profit when it is a paid for service, but once it becomes part of the remuneration package, they need to know how to do it, and they need someone to support

them in terms of the materials and training they need."

The pharmacy sector is becoming more health-focused, with the toiletry/beauty business drifting away to other retail operators. There is still a huge opportunity for pharmacists to explore the "P medicines plus medicated health and beauty area", says Mr Dunn. He points to the renewed emphasis on POM to P switches, and the recent news that the ban on advertising certain disease areas is to be lifted (see *C&D August 16, p4*).

This shift in the pattern of business does throw up some difficult questions for full line wholesalers. AAH carries 8,000 toiletry lines and Enterprise nearly 9,000. "The issue is an interesting one from a BAPW perspective, if you can change hats," says Mr Dunn. "Of the many challenges facing the wholesaling industry, a key one is range. AAH has something like 28,000 SKUs and other wholesalers will have something of a similar order."

The majority of sales come from the top 20 per cent of lines, so you have a huge tail of products which you have to handle and store. That imposes enormous economic pressure. Range management will become a key issue for wholesalers in the next few years, as will investment versus return."

To address this, more lines are already being carried by Enterprise, while AAH reduces its toiletries inventory. The two businesses offer different solutions. With Enterprise, the customer is buying a weekly delivery of quite a lot of heavily promoted items in bulk. In AAH

they have a service that allows them to buy one or two units and receive them by the next day.

"The real issue is not so much what our pharmacist customers will do, because the economic pressure from a competitive market is already visible. The pressure is more from what Government is going to do. The Government is fixated with the cost of drugs. If it changes the way medicines are paid for, it could impact on other parts of the supply chain that have not been anticipated – the law of unintended consequences," warns Mr Dunn.

This is one reason why, under his chairmanship, the BAPW has been more active in "engaging with government" than it has been for a number of years, putting the case that while wholesalers are not contractors, they are nonetheless an important part of ensuring that pharmacists can deliver what the Government wants.

Despite the changes facing community pharmacists AAH has no plans to change its basic service. Twice daily deliveries are valuable to customers. It allows them to minimise stockholding and supply the medicine. "Our mission is to maintain a high level of service and stock availability because that is why we exist," he says, adding more in hope than expectation: "All full line wholesalers might wish for a little more recognition from pharmacists from time to time for the service that they provide."

AAH has three key priorities for 2004. Medicines management services are one. The second is to be "the partner of choice for our

customers". There is a touch of "marketing speak" about this, but as Mr Dunn explains: "The way we do business is to partner with customers, and be part of their solution, part of their operation."

The third priority is to continue to provide excellent service. "This is the bedrock of what we do. We are making investments in this area. There will be more work automating warehouses next year. I can't tell you where because we haven't told our customers yet." Evolution rather than revolution is Mr Dunn's preferred approach. He does not believe in quantum leaps. Full line wholesalers now appear to be holding their own against the incursions of shortliners. The last quarter-on-quarter figures from IMS show they are holding market share and Mr Dunn believes an equilibrium point has been reached. "The reason shortliners have done well is the fault of the full liners. We gave them that opportunity, there was a niche there and they grabbed it. We have got a lot better at doing the things they do. As a result our business has improved.

"The generics market is where real growth can come for full liners because there is a significant number of new products in the pipeline. We should be able to capture those opportunities better than in the past. One thing I have never understood is why pharmacists wish to buy from a plethora of suppliers rather than one!"

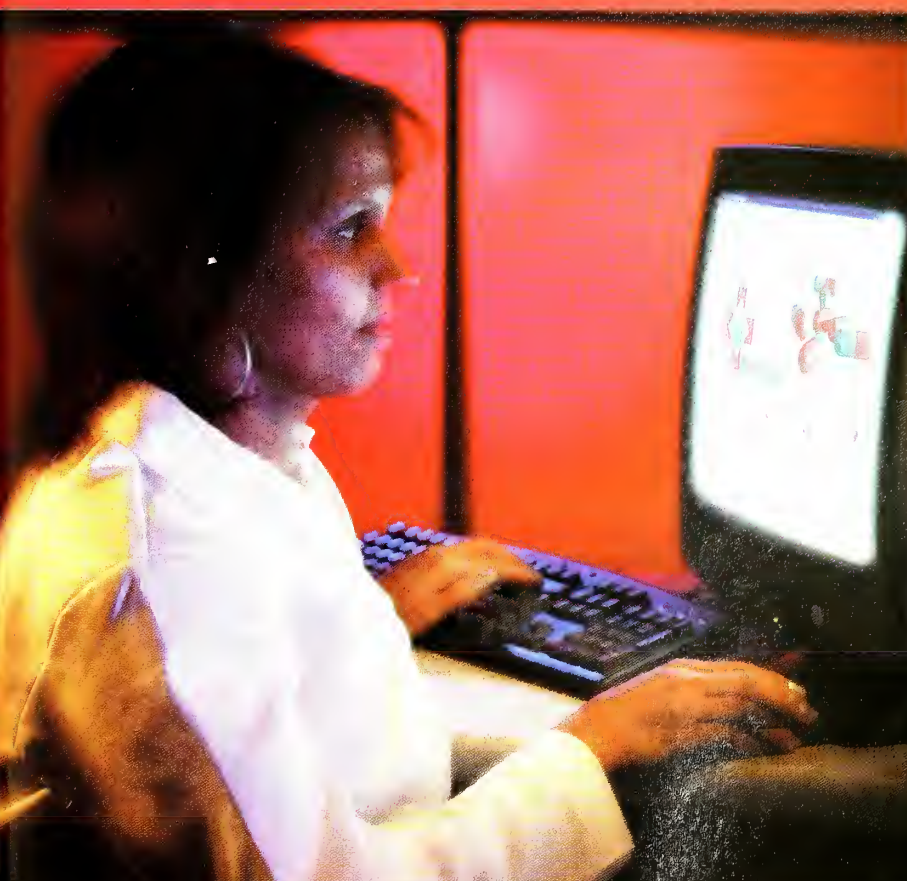
The internet was going to change the world and it still might, but Mr Dunn says that so far its impact on pharmacy in the UK has been

minimal, almost insignificant. "As a business tool we use it for things like AAH Point, but as a business model changer it has not happened. But that does not mean it won't. If you are running a script factory the most efficient way to collect orders – prescriptions – is ETP. It is an internet solution. I don't think we have seen anything like the impact that the internet will eventually have on pharmacy.

"However, wholesalers are reasonably well insulated because someone still has to fulfil the product order, whether it is to a pharmacy or to a customer through some internet-enabled system managed by a pharmacist, and that is what we are good at. Our business model is robust enough to flex with potential changes."

Mr Dunn is very aware that wholesalers only have one customer – pharmacists. They in turn have only one real customer – the NHS – so their fate is inextricably linked. He also knows, but is unconcerned, that the wholesaling community is more concentrated than at any time in the past.

There were 19 full line wholesalers in 1993 and there are 12 now. The number of depots has not changed markedly though, so service levels are little changed. Mr Dunn makes the point that if wholesalers are to continue to support their pharmacy customers with symbol services, promotions, IT and loans, they need scale. He adds that wherever your pharmacy is in the UK it can be serviced by three full line wholesalers and any number of shortliners. It makes the market extremely competitive. ☺



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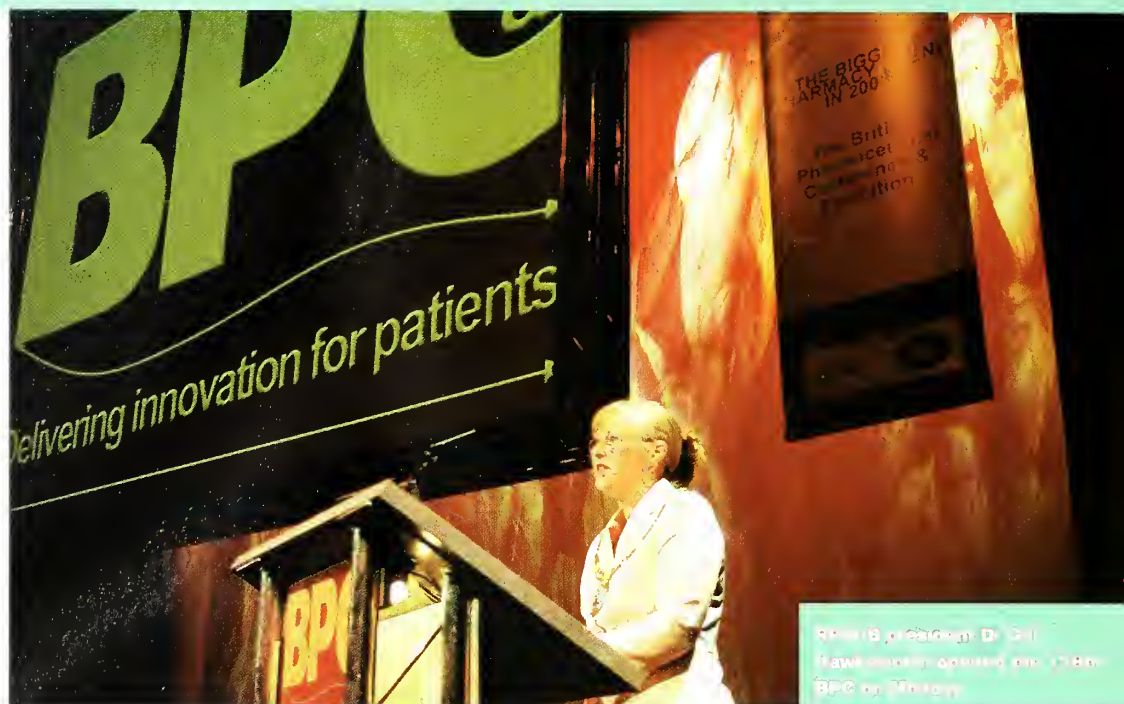
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NDC HEALTH™

Delivering innovation for patients was the theme of this year's BPC in Harrogate earlier in the week



Pharmacists must learn from nurse prescribers' problems

Pharmacists who want to be supplementary prescribers must use the lessons learnt from research into nurse and doctor prescribing to ensure they avoid the same pitfalls, Manchester University's Professor Judy Cantrill told delegates at the BPC.

Pharmacists will need to ensure they prescribe on a regular basis to avoid losing both confidence and competency. Professional organisations must be prepared to support continuing professional development for prescribing and, importantly, lone practitioners will require support in the early stages of prescribing.

Even doctors admit that, at times, their prescribing is irrational, unscientific, inappropriate or unnecessary, said Professor Cantrill, with recent research suggesting 20 per cent of

prescriptions issued by doctors are not necessary. This could be because as students, doctors are taught little about therapeutics and their competency to prescribe is not assessed.

While research into nurse prescribing found that although nearly 22,000 nurses are able to prescribe from the NPE, only 11,000 are actively doing so. This, suggested Professor Cantrill, could be because nurse prescribing is not explicitly linked to local need – unlike pharmacist prescribing – and a lack of desire among nurses to prescribe.

Factors which influence nurses' prescribing decisions, include:

- Patients – a lack of clinical information; unfamiliar patients; or pressure from patients to prescribe unnecessarily.
- Products – cost issues; a fear of missing serious diagnosis;

lack of knowledge and experience in product range; and

- Time – require more time for patient assessment; reluctance to prescribe in busy clinics.

However, research into what patients want in chronic

disease management found that they are not too concerned about who prescribes for them but that the prescriber must be competent, offer continuity of care and a personal service, and take an holistic approach.

A pharmacists' view

Prescribing is a natural extension of what pharmacists already do, Scottish community pharmacist Maurice Hickey told delegates.

"[Supplementary prescribing] is a means to really start to manage the patient's medicines, to start to correct all the wrongs I see, and to actually benefit patients in a direct and robust way," he said.

Mr Hickey, who is among the first cohort of 40 pharmacists training as supplementary prescribers at Aberdeen's Robert Gordon University, said that as part of his application he had to state which group of drugs he hoped to initially prescribe and what benefit his prescribing would bring to patients.

"[The course] has a heavy workload that involves therapeutics, public health, learning consulting skills and care planning, and, of course, prescribing. And it has to be stressed the course is not easy, but then again you wouldn't want it to be, otherwise it would be worthless," he said.

Mr Hickey added he would start by prescribing for patients with asthma and chronic pulmonary obstructive disease, while other pharmacists were training for endocrine, gastrointestinal or cardiovascular conditions.

"Once each of us has learned the basic skills, we will extend our prescribing to other therapeutic areas. Eventually I would like to be running a pharmacist-led pain relief clinic, and finally I would hope that by proving our worth we will be able to take the great leap to independent prescribing," he said.

Even doctors admit that at times their prescribing is irrational, unscientific, inappropriate or unnecessary

Judy Cantrill



Increasing role in cancer care for community pharmacists

Community pharmacists can expect a bigger role in helping people with cancer, a leading cancer specialist has predicted.

In his key note address, Professor Karol Sikora, visiting professor of cancer medicine at Imperial College, London, said that in 20 years, cancer will be considered a chronic, controllable disease of older age. There would be a greater emphasis on cancer prevention, and people with cancer will be more easily treatable in the community.

Rather than having to visit a GP surgery, Prof Sikora felt there would be greater scope for community pharmacists in providing not only new types of medicines tailored for patients, but also for being involved in helping determine those people who will be more genetically predisposed to cancer.

And with greater economic pressures being placed on public healthcare, he said we are already beginning to see direct to consumer cancer care with people bypassing the waiting lists and hurdles imposed by health insurance programmes and looking for therapy via the internet.

The highest incidence of cancer occurs in the Western developed

nations where there is an ageing population. In the UK, the average age of cancer presentation is 68. But in 20 years' time, he believes it will be possible to cure 60-70 per cent of cancers, even those that have metastasised.

Key factors in causing cancers are tobacco and diet, each responsible for about three million cases globally each year, and infection – such as by the Epstein Barr virus – causing 1.5 million cases.

An area that will develop possibly in the next five years is the genetic testing of people – simple gene analysis which will identify those most susceptible to cancer. This will allow specialist cancer prevention systems to be set up and to operate where people will access them, for example in health clubs, food shops or pharmacies, rather than having to go to the surgery. Patients might be treated in 'cancer hotels' where the focus will be on the customer, or in clinics where a clinical pharmacist leads the care team.

Professor Sikora saw chemotherapy as the future for cancer treatment, as for every type of cancer that responds to chemotherapy, surgery and radiotherapy declines.

We are moving out of a cytotoxic and hormonal therapy area into molecular based therapies with targeted action, he said. These would include kinase inhibitors, apoptosis inducers, monoclonal antibodies, anti-sense therapy and gene therapy. And instead of looking for the maximum tolerable dose of drugs, research is now looking at maximal effective doses.

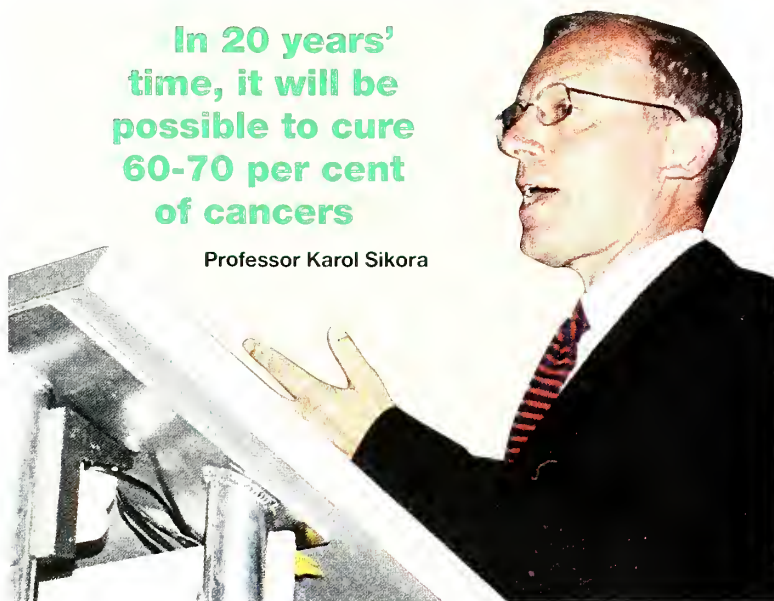
The use of biomarkers is also

increasing. Not so much in the area of PSA (prostate specific antigen) but more like molecular markers to indicate that a drug is hitting its target.

It will also be possible to have an idea within 24-48 hours of trying a treatment as to how successful that treatment will be, by looking at how receptive a patient will be to a drug, and this will need greater use of diagnostic tests.

In 20 years' time, it will be possible to cure 60-70 per cent of cancers

Professor Karol Sikora



Dispenser checks bolster patients' view of pharmacy service

Training pharmacy technicians to check dispensed items frees up pharmacists' time, adds to job satisfaction and improves patients' perceptions of the pharmacy service, according to community pharmacist Wendy Jones.

Ms Jones, who manages a community pharmacy in the small village of Waterlooville, Hants, with a GP surgery next door, firmly advocates training technicians to check scripts. In an audit of how she worked in her pharmacy before training her dispensary staff, she found 49 per cent of her time was spent "licking, sticking and pouring", 11 per cent checking dispensed items and 10 per cent counselling patients.

A similar audit after a structured training programme had been completed showed that the time spent on mechanical dispensing tasks had fallen to 25 per cent, counselling had risen to

around 20 per cent and checking had approximately doubled. After a further three months, time in the dispensary had continued to fall, and counselling time had continued to increase.

She warned, however, that there were major differences between the way checking technicians worked in hospitals, and the way the role was likely to evolve in the community.

Community-based technicians generally had a much closer working relationship with pharmacists, she said. There were fewer of them and they had a far greater degree of interaction with the public.

One outcome of her initiative was that customers had come to expect more counselling, leading one locum to comment that the expectations of patients using the pharmacy had been raised. The local practice had also noticed that patients were using the pharmacy more often as a first port of call.

Training funds elusive

There is little opportunity for community pharmacists to access NHS funding for training pharmacy technicians, according to Sarah Goodson of the KSS Workforce Development Confederation.

A number of sources of funding are available to NHS pharmacy managers, but the way it can be accessed varies between the various strategic health authorities. The MPET levy is intended to allow training to be matched against local demands and should cover placement costs. In some areas it may also cover course fees.

There is money within WDCs to support NVQ3 courses, but how the funding is applied varies between SHAs. Pharmacy managers need to find out what the local policy is, advised Ms Goodson. However, NVQ2 courses will not be funded.

The new landscape of pharmacy employment

Pharmacists are working in an increasingly diverse range of settings, so solutions to the current workforce shortage need to be equally diverse.

This is the conclusion drawn by Dr Karen Hassell of the School of Pharmacy and Pharmaceutical Sciences, University of Manchester, whose academic career has made her a specialist on the pharmacy workforce. She has been researching the area since the mid 1990s and has collected data about pharmacists and where they practice.

Dr Hassell has found many factors affecting the pharmacy workforce and the changes within it and has developed a pharmacy labour market model.

In August 2002, there were 45,267 registered pharmacists, which represented a 2 per cent growth rate since 1991. In 2002, pharmacists who were trained in Great Britain made 3.4 per cent of the inflow and 1.5 per cent came from outside Great Britain. But this was balanced by 2.4 per cent leaving. However, 11 per cent of registered pharmacists are overseas, which immediately reduces the "available stock".

Of the overseas pharmacists, proportionately more were men, and in an ethnic minority. That 70 per cent had been members for 10 years or more was reflected in a higher proportion in the 40-49 to 60-64 year age groups. Dr Hassell's research suggested that people were leaving the UK for a better lifestyle or weather, because of their partner's job or better career opportunities.

In addition to those registered overseas, some 19 per cent of pharmacists in Great Britain are not actually working in pharmacy. The largest proportion were in the retired sector, but 2 per cent were raising a family, 1 per cent was due to ill health, but 3 per cent were working outside of pharmacy.

Of the remaining 70 per cent of pharmacists, a third work reduced hours. While this is more likely in women (43 per cent) there is a



The BPC Practice Research Medal is 'too small' by half, and is awarded annually to a young pharmacist researcher who has excelled in the relevant practice research. Dr Karen Hassell of the University of Manchester was this year's recipient and was presented with the award medal and a cheque for £1,000 by Dr Ian H. Charles (left), Professor James McKnight (right) of the Queen's University, Belfast, during the Practice Research Award (PRA) ceremony.

sizeable proportion of men. There has also been an increase in the number of people working reduced hours in the past decade.

The pharmacy workforce is now dominated by women, with 53 per cent in 2002 compared to 33 per cent in 1985.

In terms of career choice, influences do differ between the sexes. Women see pharmacy as attractive because of its flexibility, its focus on patient care and its vocational aspect. Men are more interested in self-employment and a high income.

Conceding that more research was needed, Dr Hassell said: "Knowledge of these is important because they will affect supply if these expectations are not met."

Women in particular may have difficulty in combining domestic and professional responsibilities and thereby developing a pharmacy career which is perhaps

why significantly fewer women than men reach managerial positions, she said.

About 20 per cent of pharmacists are from an ethnic minority. This group has a higher proportion of younger pharmacists and more men, but they are also more likely to be practising, to be working in the community sector and to be owners. They were also more likely to have been influenced by business opportunities and to have chosen medicine first.

Members of this group had found greater difficulty in getting a pre-registration place. "Again, unmet expectations may lead to an early exit from the profession and high levels of dissatisfaction," said Dr Hassell.

There has been a slight reduction in the numbers of pharmacists working in the community sector, with an

increase of pharmacists in the hospital sector and in primary care. Primary care pharmacists are more likely to be women (70 per cent) and below 39 years (40 per cent compared to 25 per cent on the register). Some 65 per cent have more than one job and 23 per cent have short-term or fixed term contracts.

Within community pharmacy 38 per cent of pharmacists are locums, and with relief pharmacists, it means over 50 per cent are not the 'regular' pharmacist.

With more community pharmacies being multiples (16 per cent in 1971 compared to 48 per cent in 2001), Dr Hassell pointed out that although there is a growing register and rising pharmacy school numbers, there are no plans to increase pre-registration places and there are still indicators of shortages. Multiples are taking up to 10 weeks to recruit and have vacancy rates as high as 15 per cent.

And longer opening hours mean that there is a shortfall of 1,715 full time equivalent pharmacists with only 24,528 FTE store-based community pharmacists in the 11,612 pharmacies which are theoretically open a total of 604,563 hours per week.

The apparent conclusion, then, is that there is a shortage of pharmacists although this does not take into account patient need nor other services being provided.

So what are the solutions? Dr Hassell suggested that there could be role re-design, and greater use made of technicians. However, barriers that have to be overcome are training costs, as well as incentives to train such as increased pay, along with difficulties in defining professional boundaries.

Increasing student intake is only part of the answer if there are no plans to increase pre-registration places or provide training. New technology or automation could also have a role to play.

Do PCT pharmacists understand community pharmacy's role?

A closer working relationship between pharmacists in the community and those working within PCTs is needed if pharmacists are to help achieve public health targets.

Community pharmacists are as much primary care pharmacists as those directly employed by PCTs, and pharmaceutical advisers who do not have a community pharmacy background must ensure they understand what community pharmacists can do, Sally Greensmith, primary care pharmacist at Guildford and Waverley PCT, told BPC delegates.

The integration of community pharmacy into local practices is vital, and the Royal Pharmaceutical Society has an educational role to play to ensure community pharmacists are fit for the purpose needed by PCTs, she said as part of a debate on primary care pharmacists.

However, community pharmacists must also recognise the pressures that PCTs are under, she added.

Council member Andrew Burr, chief executive of Primary Care Holdings, argued that primary care pharmacists have failed to take on board community pharmacists' past achievements.

Although pharmacists have been involved in areas such as running clinics, supporting prescribing and the electronic transfer of prescriptions for many years, these services had yet to be integrated into primary care, he said.



Andrew Burr, chief executive of Primary Care Holdings

Studies show that pharmacists are better than doctors at hitting health targets in the management of coronary heart disease patients; pharmacists are better at optimising therapy when conducting medication reviews, yet these have not been widely adopted.



Sally Greensmith, primary care pharmacist at Guildford and Waverley PCT

There are gaps in the quality of services being delivered and pharmacists can fill these gaps, and do so in the community pharmacy setting, he said.

Mr Burr said the aim should be to develop a complete community pharmacy-based pharmaceutical service, which was patient

focused, accessible, with internal and external quality assurance programmes and which linked follow up of results with health outcomes.

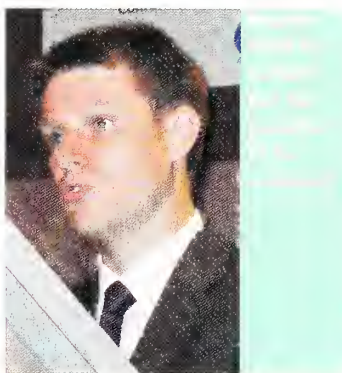
A poll of the delegates, who numbered about 100, found:

- 68 per cent believe primary care pharmacists (PCPs) are truly influencing the healthcare agenda
- 53 per cent felt PCPs understand community pharmacy's potential to deliver the new NHS agenda
- 62 per cent felt PCPs are effectively supporting the development of the pharmacy profession currently
- 87 per cent said PCTs' support for locum pharmacists was not improving
- 53 per cent said although the RPSGB did not understand PCPs' roles, responsibilities and influence on healthcare, the Society was now starting to listen.

Out-of-hours service cuts GPs' workload

An out-of-hours medical service in Blackpool has successfully cut its doctors' workload by referring patients with non-serious conditions to pharmacists for treatment.

Fylde Coast Medical Services, which began a scheme in May to use pharmacists to treat patients with minor ailments, found that pharmacists saw over 20 per cent of patients and treated over 87 per cent without referral to a GP.



Magnus Hird, head of prescribing at Blackpool's head of prescribing

According to Blackpool's head of prescribing, Magnus Hird, the scheme has the potential to be extended to other areas.

Incorporating pharmacists within an out-of-hours service means patients have wider access to medicines and pharmaceutical advice, as well as ensuring that out of hours medicines are not managed by non professional staff, he added.



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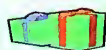
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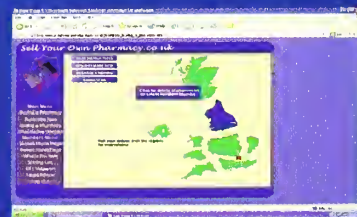
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The bottom line for charity

As if the sight of multiple English tourists streaming off the cross-Channel ferry isn't enough for the French. Imagine the reaction when 27 of the English visitors are senior managers from the pharmaceutical industry wearing cycle shorts and perched on two wheels instead of the usual four.

The 27 visitors in question arrived in France recently to complete the final leg of a London to Paris charity bike ride in aid of

the Great Ormond Street Children's Charity.

Organised by Rowlands Pharmacy, the ride is now in its third year and is going from strength to strength. This year's riders – who include Rowlands' retail projects manager Mike Blakeman and managing director Paul Smith – raised an impressive £50,000-plus for the hospital, without any major incidents (unless you count four punctures

and a minor altercation of three bikes in one space at the same time).

After 210 miles, many on the ride felt a great personal achievement at reaching Paris's Arc De Triomphe, not to mention a great deal of relief at getting out of the saddle.

No doubt many are already stretching out those gluteus maximus muscles in preparation for next year's ride.

Shrimp power



Could seafood offer a cure for hay fever? Dr Peter Strong, a research scientist at the University of Oxford, certainly thinks so, but whether the experts agree remains to be seen. As a finalist in the 2003 Medical Futures Innovation Awards, he has to wait until October 30 to find out whether his idea qualifies him for the £10,000 cash prize and a promise of support to make the idea a commercial reality.

Dr Strong's new treatment, which is presented as a nasal spray, uses chitin purified from shrimp shells and milled into chitin microparticles (CMP) and is based on the theory of treating the underlying cause, not just offering symptomatic relief. Clinical trials in Italy are currently aiming to show that the body's immune cells can recognise and ingest CMP and secrete an anti-inflammatory response.

A positive test

It's not every day you get a Scottish parliamentarian to visit your pharmacy and it's certainly a rarity when you end up diagnosing him with diabetes.

That's what happened to Paul Young, the then manager at the Lloydspharmacy in Ferniehill Road, Edinburgh when local MSP Mike Pringle paid him a visit to promote routine health checks.

Mr Pringle, 57, volunteered for a health check to publicise Lloyds's free diabetes check service but discovered that he had a high blood sugar level and high blood pressure. A repeat test revealed even higher blood sugar levels so Mr Pringle was advised to see his GP, who diagnosed type 2 diabetes.

A grateful Mr Pringle said: "If it had not been for this free test, this would probably have gone unchecked for years. I was obviously very surprised ... the staff handled the enquiry very sympathetically. I would encourage others to take advantage of the availability of these free tests in their local pharmacy."

Since the launch of the service in Scotland in June, over 8,000 people have been tested. At the beginning of this month, Lloydspharmacy launched its first diabetes check service TV advertising, featuring TV presenter Philippa Forrester.

Celebrities pan for Wellbeing

They say that one man's trash is another man's treasure, so we feel duly obliged to let you know that C&D has 10 pairs of celebrity-designed knickers to offer to the first readers to write in.

The briefs, which bear Carol Smillie's trademark toothy grin, have been designed by the lady herself for Cystitis Action Week, September 22-28. If you wish to give your nether regions a celebrity make-over, write to: C&D/Smarty pants offer, Fuel PR, 3 The Cloisters, 8 Battersea Park Road, London SW8 4BG.

But if you miss the boat on the free offer, there is another way to secure a pair of Carol's pants and raise funds for the Wellbeing charity in the process. Take part in an online auction for 10 pairs of women's briefs designed by celebrities including Laurence Llewellyn-Bowen. This takes place at www.smartypants.co.uk on September 25. One can only imagine what Laurence's pants are like. Or where he's put the frilly bits.



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